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16772	FOR 1 - STATE	STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE O O Z O 7 4 O
9773	REGISTRAR	CERTIFICATE OF DEA	REG. NO.
	DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
moy be poge 3 er death	1. SEX	M. Barlup	Sept. 24 1986 10:00
	Female	4. RACE S. DATE OF BIRTH	WEAR MONTHS DAYS HOURS MIN
99 55		White Dec. 22, 190	
leath.	Penna .		RCED Washington County M
2 2 6	io. City or town of death Hagerstown	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leitersburg-Chewsville Rd. (R	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OF MORKING LIFE) INDUSTRY Public School
de la		R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE CITY	- K
起奶	14. FATHER'S NAME	MIDDLE LAST 15. MOTHER'S M	NATOEN NAME ST MIDDLE LAST
1 4 4 A	Ellis 60 WAS DECEASED EVER IN U.S. AF	Morganthall Lau RMED FORCES? 1166 SOCIAL SECURITY NO. 17, INFORMANT	
rs. Pages			onald Barlup Hagerstown, Md. 21740
n. no been signed by the ottendin permit. Then please remove corbine prints. Then please remove corbine prior to burial, cremetrian, or my ony injury, or other traumatic	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19b. CONDITION FOR WHICH OPERATION WAS PERFORM	
icion.	H	The state of the Black of the Black	YES NO YES NO
25 252	OR CONTRIBUTING TO CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2)
After this e e os the bu	4 CONTROLLING CAUSE OF DE CAUS	210. PLACE OF INJURY (14T HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN COUNTY STATE
Pitol Pitol For us of He	sow the deceased alive or above (1)(we) (did raid no		19 10 Regard 18, 19 06, that () (we) low opinion death occurred an the date and hour and from the couses stated
	22b. SIGNATURE	DEGREE	ENDING MEDICAL STAFF YSICIAN DIRECTOR PHYSICIAN 9/25/1986
TO FUNERAL should be the should be determined with the State MMPORTANT: H	James A. Mi	OR PRINT) 220 ADDRESS	Crove, Penna. 17256
0 0 0 5 5 7	//		
2 4 3 3	230. BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CRE	MATORY 23d LOCATION
P P P S S S 7 2	230. BURIAL, CREMATION, REMOVAL	9/27/1986 Leitersburg Luth	MATORY 23d LOCATION Leran Cem. Leitersburg Washington 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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ge 4 mp	3. SE		4. RACE	aSIEN	5. DATE OF	BIRTH DAY 15 YEAR 3	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
neral dir.		RTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYLVANIA	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH
by the fu	10 C	agers town	(IF NOT IN SUCH	OSPITAL, NURSIN	ADDRESS]	NOTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LINS PECTO)	ON 12b KIND OF BUSINESS OR
filled in the fi	150.	ALRESIDENCE (IF NURSING HOME COLLING)	OR OTHER INSTITUTION,	Hagers	DUN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 429 Michi	
mplerely (xomin	14. F/	THER'S NAME FIRST Clyde	H.	Barnhar		IS MOTHER'S MAIDEN NA	MIDDLE K.	Gossard
n and ca Pages 1	1	VAS DECEASED EVER IN U.S. A	RMED FORCES?	214-09-9		Mary L. Bari	ahart, Hager	stewn, Md.,21740
physicial physic		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per l SED BY: ATE CAUSE (a)	ine for (a), (b), and	Porto	1	TE PNEUM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
regree by the attending to the action of the	No	Conditions, if ony, which gove rise to immediate cause (al., storing the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE	HORT NICE OF NICE OF DEATH BUT N	CON GE		DITION GIVEN IN PART 11a
Partie de la company de la com	CERTIFICATION	190 DATE OF OPERATION				WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
o physical distriction of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.A	A. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
othersis of the first of the fi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
CTOR. A CTOR. A for use or health	R	220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did r	9-27	19.5	6 , and	that in (my) (aur) apiniar	death accurred on the da	7, 1966, that (I) (we) last te and haur and fram the causes stated
AN OR Y With the house of the control of the contro	1	1276. SIGNATURE HURULAN	heten !	latual, C	mi)	ATTENDINĞ PHYSICIAN	DIRECTOR PHYSIC	IAN 9-27-86
FUNE HIGHE		14. R. TRI	FCG In	h	0	17. ADDRESS 13.	RSPOWN,	and 21740
0244	-					METERY OR CREMATORY	23d. LOCATION	

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Clyde F. Marris Clyre See see see 214-31-392 Pary L. Darmingt, Hangratown, M., 21700

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Lreastion 9-29-86, N. Saithanurg Grenstory daithaburg, wash, Md.

avis Surral Home, Smithsburg, Fd., 21789

. A Sh		STATE OF MARYLAND
00 17		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O O O O O O O O O O O O O O O O O
00-17	644	REGISTRAR CERTIFICATE OF DEATH
		1. DECEASED NAME FLOW MER MODILE BAYMBAUGH 120 DATE OF DEATH MONTH DAY YEAR 126 HOUR
2 3	#	TYPE OR PRINTS & ME STATE WILLIAM 5 25 86 115-6
you now	0	1. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER A YEAR
1 : 1	6	MALE White MAY 3 / 963 . 83 YRS MONTHS DATS HOURS MIN.
2 4	3 200	To BIRTHPLACE USUATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? IS 9 BALTIMORE CITY OR COUNTY OF DEATH
1 1	15	COLDINAL U.S.A. MARRIED NEVER MARRIED WASh. CO., MD.
		III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
E 1	# X7	Hagerstown WASh. a, Jospital FARMER HARM
130	1	JUAL IF SIDENCE (IF NURS) MILOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
9 8	19	136 STREET ADDRESS / ZIP CODE 136 STREET ADDRESS / ZIP CODE 1236 STREET ADDRESS / ZIP CODE 1/232 Worley town RI
2 1 1	200	14-FATHER'S NAME IS MOTHER'S MAIDEN NAME
AAR A	1 1/28	William Boumbaugh I'da Fi Elliott
# S	100	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT , ADDRESS
IMOS	13	(YES, NORMINKNOWN) (1845-GIVE WAR OR DATES) 244-30-8040 MGbel H. Baumbaugh-Greencastle R
BALL of a	40	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and y
15 7	0 1 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4 day e
NO # 15	000	DUE TO, OR AS A CONVEQUENCE OF
15 m	100	Conditions, if ony, which gave rise to immediate
A 2 4		couse (o), stating the underlying couse lost
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08.2	har y	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO
800	1117	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
M 25 1	115/	YES NOT YES NOT YES NOT NOT NOT
A total	100	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)
8 34	1181	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICALEXAMINER) P.M. 19
NO STORY	10 10	21d INJURY OCCURRED 21e PLACE OF INJURY 21I. LOCATION
N OF I	117	AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET CONTROL STATE
g 59 4	0.0 E	220.1 certify that (I) (this haspital) attended the deceased from 19 10, ta 19 10, ta 19 10 that (I) (we) last
_ PT P	25.5	saw the deceased alive an
4 2 2	page 4	226 SIGNATURE DEGREE 226 DATE SIGNED
31	10 m	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
145	4937	THE PHYSICIAN S NAME CHROCKERS 200 ADDRESS
P	1 4 4	(Sa MD 2013, Closed and Appreston and
contin	10	121 URIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CATGRIOWN A SCOUNTY
4449BPT	7	Barral 3/29/86 Codar Hell Cem. Antrim Tup, Frank. Co., Fq.
1 DHANE	6 60M 7/84	10 IUNIERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME 10 10 10 10 10 10 10 10 10 10 10 10 10 1
(VR)	(15, 4)	Mary Miles - Green Caste, Ja.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECLASED NAME 20. DATE KNOWN ESTI-Arthur HURENCE DEATH MATED S. DATE OF BIRTH DATE 21, 1963 PRONOUNCED Oct DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT TO BIRTHPLACE (STATE OF Pennsylvania MARRIED NEVER MARRIED U.S.A. Washington WIDOWED [DIVORCED 20. USUAL OCCUPATION (TYPE OF WORK B CITY OR TOWN OF DEATH 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
unemployed OR INDUSTRY Washington County Hospital Hagerstown 11318 Meeting House Rd/21773 county Myersville 13d. INSIDE CITY LIMITS? Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ronald Beverlin Fay Sadowsky Joan 1995 Meeting House Rd IAL SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 193-54-8262 Ronald A. Beverlin Myersville, MD 21773 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY rough Abdomen IMMEDIATE CAUSE (a Canditions, if ony, which gave rise to immediate cause (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION CAIL, WARDEN TO THE CHIEF M FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA IND. 21201 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 35 AFTER DEATH, WITH THE STATE DEF BARTJMORE, MARYLAND, 21201 PR NOT WHILE AT WORK AT WORK 22a I certify that I took charge af the remains described above, held an death resulted from: Notural couses SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 236. NAME OF CEMETERY OR CREMATORY
Smithsburg Crematorium 230 BURIAL, CREMATION, REMOVAL 236, DATE Cremation 9-24-86 Smithsburg Washington Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Ricketts Funeral Home Myersville, MD 21773 (VR A15 ME (5))

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STATE OF MARYLAND

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	1		FOR	DEPA		OF MARYLAND ALTH AND MENTAL HYC	SIENE 8 6	2 8	9	5 1
00 1000		1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO			1
10-1823	54		CEASED NAME FIRST	MIDDLE	1.4	ST		MONTH DAY	YEAR 26 F	HOUR
sy be oge 3 deoth		(TYPE	ORPRINT) AARON	Lee	BR	NBOBS		9 13	86 2	· F PM
4 may	9	3. SE	1	RACE	5. DATE O	DAY YEAR	8. AGE (IN YEARS LAST BIRT	HDAY) IF UND	ERIYEAR IF UN	NDER 24 HRS
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deoth.	99		OUNTRY) USA	USA	MARRIED	DI DIVORCED	Washi	nyton	Can	to MD.
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NND 212	33	13a S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 13b COUNTY	/	TOWN Stown	13d INSIDE CHY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21740	2
MARYLAND ed within 24	211	14 FA	THER'S NAME FIRST MID	DIE LAST		15. MOTHER'S MAIDEN NA	ME	/	LAST	
	11/6		Ermon Le	e Bree		Bertha	Irene		Cogle	
BALTIMORE, ote be execu- sysicion and co apers. Poges 1	medicol		VAS DECEASED EVER IN U.S. ARME	AR OR DATES)		17 INFORMANT	ADDRE			-1.413
be e	the me		yes Korean	Conflice 236	5-44-499	5 Mrs. Jeann	nie Breeden,		APPROXIMATE	
201 W. PRESTON ST., BAI es that the death certificate and by the attending physic plases remove carbonapage priol cremotion or removal	or other troumotic event,		PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSI	EQUENCE OF		1 lang			
	injury,	NO	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing</u>	TO DEATH BUT I	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONI	DITION GIVEN IN	PART 110	
AL RECO	3	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF D	
ON OF VITAL IYSICIAN: The ding physicio is certificate h buriol-tronsit; Mentol House	hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)	
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TENDI ital or TOR: A	21 is ma		220 I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) v	9/13	01 1	13 , 19 Se I that in (my) (our) apinion	death occurred on the do	te and hour and		(I) (we) lost
OR ATT	hem		226. SIGNATURE		D	EGREE	MEDICAL CTAE		20 DATE SIGN	IED
			Germa De	allion 1	~>	ATTENDING PHYSICIAN [MEDICAL STAF		9/13/	186
TO HOSPITAL etoined by the TO FUNERAL should be det	MPORTAN		GERALO J.	Scall. on	MO	22. ADDRESS	FIRST AU	c Has	· Ma	/
-	5		CDEC (CV)			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	1001	VIY	STATE
BP	-		burlal	Sept. 16,198 CH FUNERAL HO						Land
DHMH - 16 60A		41	5 East Wilson Bly	on runckal HU	SS Mar	vland SFP	TE RECE BY PEGISTRAR	25b. REGISTRAR'S	SIGNATURE	
(VRA 15,	7)	T.T.	2 Table MIIIOH DI	va., magerate	wil, Hal	7 7 7 7 7 4 0				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG NO DECEASED NAME KNOWN SO TYPE OR PRINTS OF ESTI-3 SEX IF UNDER TYR. IF UNDER 24 HRS DATE Mar. 4 1945 LASE BIRTHDAY) PRONOUNCED Male DEAD To BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Washington County WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12h. KIND OF BUSINESS Washington County OR INDUSTRY FOR MOST OF WORKING LIFE! Hagerstown Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 134-CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 SIREET ADDRESS Forrest Drive 21740 Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hampton Broadus Cole John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN' ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Addie Broadus 673 Forrest 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSE BAND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGENE AL, CREMATION, OR FEMOLAL IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HE PRIOR TO BURIAL, 28 AUTOPSY? NO [BE PAGE 4 SHOULD BE FORWARDED TO THE TO THE WRITING THE WILL BE TO THE TO THE TO THE TO THE STATE DEPARTMENT AT THE STATE DEPARTMENT OF THE STATE OF THE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED TE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian death resulted from: Suicide TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 24/86 Rest Haven Cem. BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

		1	FOR STATE	STATE OF MARYLAND : DEPARTMENT OF HEALTH AND MENTAL HY	YGIENE 8 6 2 6 9 5 3
0 - 1	8429		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	. 6.4		DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
11	deor		Howard	L Burger	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HES
-4-	4 99	3	. SEX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	MONTHS DAYS HOURS MIN.
1	Special Secretary	10	BIRTHPLACE (STATE OR FOREIGN 76 CITIZ	EN OF WHAT COUNTRY? 8.	9 BALTIMORE CITY OR COUNTY OF DEATH
	1 11 9	X	COUNTRY)	MARRIED WEVER MARRIED	Clash with Con. 1.
	8 34 /8	1		WE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126. KIND OF BUSINESS OR
5	4 45 4	19	Haractoria	or in such pacifity, give street address) Thington County Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1	1 1 2	20	SUAL RESIDENCE (IF NURSING HOME OR OTHER INS 30. STATE 13b COUNTY		13e.STREET ADDRESS / ZIP CODE
36	110		Maryland Washingt	on Maugansville YES P NO [219 S. North St. 21767
50	1 10 1	718	FATHER'S NAME	LAST 15. MOTHER'S MAIDEN N	
1	1 10	10	EIMER F.	BURGER ANNA	9 C. Spangler
ORE	ond a	1	60 WAS DECEASED EVER IN U.S. ARMED FO (YES, NO OR UNKNOWN)		ADDRESS 3446 FILER Rd
CTIM	2 14 1	/	NO	1215-42-5541 MRS. VIRGINI	A M. HYKES GREENCASHE, fa. 17225
BA	the photo		18 CAUSE OF DEATH (Enter only one co	ouse per line for (a), (b), and (c).) [a) Cardiopulmonary failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	right of the second		IMMEDIATE CAUS		
STO	eoth reso on o		Canditions, if any, which (to, or as a consequence of liver - hep	natic failure
H.	0 4 4 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		gave rise to immediate	TO, OR AS A CONSEQUENCE OF	
W	T Total		underlying couse lost	(c)	
5, 20	on one			ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 11a
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2 E	n. nas b perm ne pr	1	S IVE DATE OF OPERATION	CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
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DIVISION OF VIT	≥ 50 S D ≥		21d. INJURY OCCURRED 21e.	PLACE OF INJURY 21f. LOCATION	CITY OR TOWN COUNTY STATE
IVIS	() # 5 = 0 ex		WHILE NOT WHILE AT WORK	HOME STREET, FACTORY, OFFICE, FARM, ETC.)	- 17
۵	of or of OR: After Use os t Health o		220.1 certify that (1) (this hospital) offe	1-15	86, ta 7-13, 19-86, that (I) (we) lost
	TT of		saw the deceased alive an above, (1) (we) (did) (did not) view t	ne body ofter death.	an death accurred on the date and haur and from the causes stated
	OR A DIREC Oched Dept		22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF 9. 13 - STA
	AL AL Jet Die		PHYSICIAN'S NAME (TYPE ON PANNY)	MD PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN 1-13 BE
	TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:	/	LAURENCE GRE	1 202 11	Mangrial Drive. Hagrestown, Md.
	TO To show		3a BURIAL, CREMATION, REMOVAL 23b. C		TOTAL DITTE TIES
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		/94	FUNERAL DIRECTOR		ATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	OHMH - 16 60M 7/ (VRA 15, 4)	04	Minnich Miller Mi	Greencastle, PASEP	1 8 1086 Julia Swider Randone:

				STATE OF MAKTLAND	0 6	06 06
19260	1.	FOR STATE	DEPARTA	IENT OF HEALTH AND MENTAL HY	GIENE O O	20,2
13700		REGISTRAR Martha Mar	v Carr	CERTIFICATE OF DEATH	REG. NO).
	1. DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
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A.K. Coffman Funeral Home, Inc., Hagerstown, Md. | 927 30 1986

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9422	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6 CERTIFICATE OF DEATH REG. NO.	9 5 5
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STATE OF MARYLAND

Action Charles The American Street

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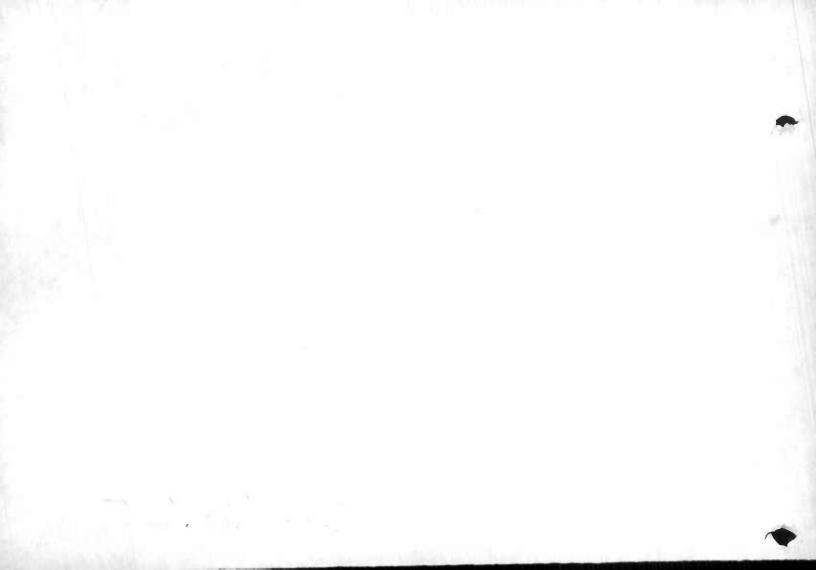
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CORDS, 201 W. PRESTON ST.,	ow requires that the death certificate been signed by the attending physici mit. Then please remove carbon paper prior to burial, cremotion, or removal, ony injury, or other traumatic event, the	CERTIFICATION	PART 2 OTHER SIGN	which which redicte g the last.	DUE TO, O DUE TO, O DUE TO, O CC ONDITIONS	RAS A CON RAS A CON PAGE ONTRIBUTION	SEQUENCE OF		D TO THE TERM	TINAL DISEASE OR C	20b. IF \	YES, WERE FIND	INGS USED
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CERTIFICATE #86-26965



MAN AV

1955 03 Sept. 1975

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH THE CHIEFLES Clarence Richardson FISCHER 1986 September 4 RACE 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAYS NONTHS DATS Male October 12,1932 White BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED (OUNTRY) WASHINGTON Maryland WIDOWED DIVORCED USA IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFES INDUSTRY 39 E.Salisbury St. Williamsport Medical Launderer MOUAL RESIDENCE LE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION HIS COUNTY 13a. STATE 13e STREET ADDRESS / ZIP CODE 39 E. Salisbury St. Maryland Washington Williamsport YES TX NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Louis Walter Fischer Julia Ann Ambrose ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Esther A. Meyers Williamsport, MD 21795 216-30-2968 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M 21d, INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM ETC 3 WHILE NOT WHILE 220.1 certify that (1) (the housetal) attended the deceased from 1216 saw the deceased alive on Seky 1986 ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we (did) (did not view the body ofter death 226. SIGNALURE 22¢ DATE SIGNED DEGREE Sept. 18, 1986 PHYSICIAN Y DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LTYPE OR PRINTS 22e ADDRESS E.W.Ditto, III, M.D. 217 W. Washington St. Hagerstown, MD 21740 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OF CREMATORY 23d LOCATION Sep. 20, 1986 Greenlawn Memorial Pk. WilliamsportWashingtonMaryland Burial

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

Willaimsport, MD 21795 Major M.Osborne

250 DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

who Davidson Bro

66 56964

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/84 (VRA 15, 4)

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14.W

CERTIFICATE OF DEATH REGISTRAP 1. SETATE REGISTRAP 1. DECEASED NAME 1. DECEASED		FOR Item 4 Phone STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 6	9 6 9
DECEASED NAME	00-181-00	1 - STATE CERTIFICATE OF DEATH	
SEX SDALE OF SHITH STATE	00 10430	1. DECEASED NAME FIRST MIDDLE LAST 26 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
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BETHELACE STATE OF HIGH	11 1 11		
Maryland U.S.A.	1	11/10/e 01 31 1929 57 YRS.	
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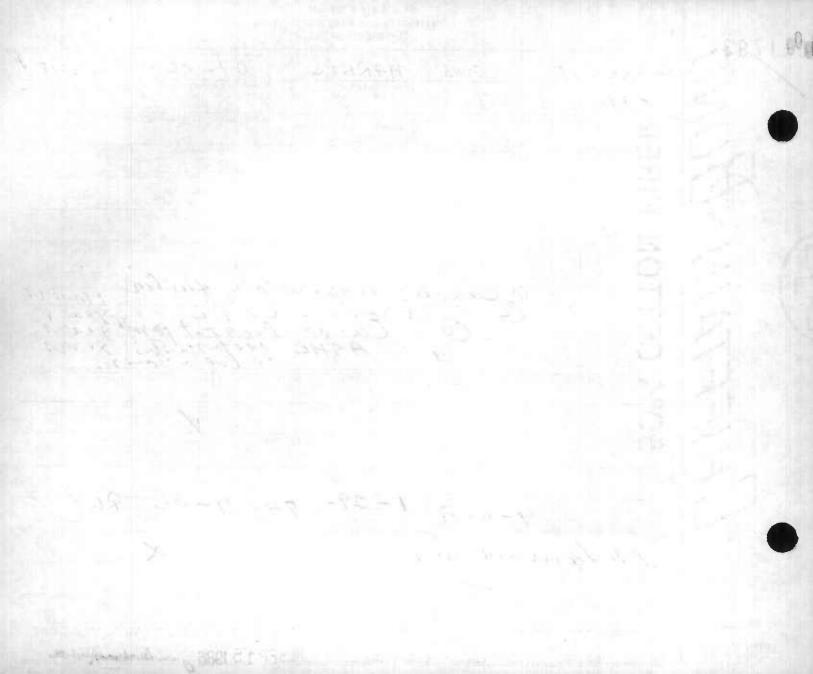
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 8	UNERAL DIRECTOR NAME Anatom	y Board	ADDRESS Balto	o., Md. 250 0	CT 0 7 1986	256 REGISTRAR'S SIGNA	- Pandall

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1-19558	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 6	2	6 4	1 6
0 13330		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR 2	b. HOUR
poge :		Robert	Le	ee	Ha	rrell		9 2	5 86	M
a fer c	3. SEX	<	4 RACE		5. DATE (6 AGE (IN YEARS LAST I	SIRTHDAY)		F UNDER 24 HRS
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0 1 11 8		RTHPLACE (STATE OR FOREIGN	1350	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED !			1110	5/1 MD.
5/4/19		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS	or other institution	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		126 KIND OF I	BUSINESS OR
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(VRA 15, 4)

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24 Page 22	13a. 3	AL RESIDENCE (IF NU STATE Md	136 COUNTY	1	130 CITY OR TO	- 1	13d. INSIDE CITY LIA		STREET AL	DDRESS / Z	PRODE	Auc	174
4 38) 17	14. F/	ATHER'S NAME	as if	DDLE	I.A.		15 MOTHER'S MAIL	DENNAME		MIDDLE		LAST	
9/1/		Russell	Mile		Hawse		Margi	e A	Alice	WINDLE	Marti		
3 pd (80)		VAS DECEASED EVE	R IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRESS			
- 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		yes	W.W		357-16-	5875	Mrs. Bet	ty L.	Nause	Hage	erstown,	Mary1	and
uires that the death	7	Conditions, if on gave rise to in cause (a), state underlying cause	nmediate ing the se last	(c)	PRAS A CONSEQU		NOT RELATED TO TH	HE TERMINA	AL DISEASE	OR CONDIT	ION GIVEN IN P	ART Ica	
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G PHYSI strending	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	C3		CITY OR TOWN	COU	MIA	STATE
TENDIN or of us. Alt of Health		22a.l certify that (l) (this hospital	4-6	19	16 ar	19, and that in (my) (our)	opinian dea	, toth accurred	on the date	and have and fro		(we) lost
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O HOSPITAL etained by the TO FUNERAL should be det with the State MAPORTANT:		THE PHYSICIANUS P	NAME UME OR P	d/Z/	2 pal		PHYSI 220 ADDRESS 3 82	Sam D	ORECTOR L	PHYSICIAI	Hager	4001	hd.
T = -23 <		BURIAL, CREMATION		23b. DATE			EMETERY OR CREMA	-	23d LOCAT		COUNTY		STATE
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DHMH - 16 60M 7/B4	24 F	NERAL DIRECTOR 5 E. Wilse	MINNI	CH FUN	ERAL HOM	E Man1-	nd 217/0	250. DATE R	BY RE	986	REGISTRARSS	GNAVIBER	Allien
/VRA 15 4)	141	J L. WIIS	DATO HE	· · nage	ISLOWII.	riarvia	11d Z1/40 I			H	and a second second	Street, or other party and the last	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) 81 000 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 5 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED A WIDOWED MEGU Sylvester Harvey Mary In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT OF YES, GOVE WAR ON DATEST 219-56-9768 Gloria Harvey II CAUSE OF DEATH. Enter only one couse per DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART & OTHER SIGNED AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS. 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 7th: AUTOPSY7 16s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO F 216. TIME OF INJURY DIVISION OF VIT 23a. ACCIDENT WAS UNDERLYING. THE HOW INJURY OCCURRED. LEWISE WATURE OF HIGHER IN TERM IS THAT I DRIPART IN HOUR A.M. MONTH DAY YEAR OR CONTENUTING CALIFE OF DEATH OF EITHER, MOTHY WEDICAL EXAMPLE 214 INJURY OCCURRED TIE PLACE OF INJURY THE LOCATION CITY ON 123 WIV COUNTY EAT HOME STREET, EACHDEY, OFFICE, FARM, ETC.). STATE THOT WHELE 22s.1 certify that (I) (this hospital) attended r) opinion death occurred on the date and hour and from the course stated 27s. DATE SIGNED FUNERAL old be deto PHYSICIAN DEBECTOR PHYSICIAN 77e ADDRES 0 736 BURIAL CREMATION, RE 23c NAME OF CEMETERY OR CREMATORY 23b DATE I SPECETS 9-29-86 Rose Hill Cemetery Hagerstown, Wash. Md. BP 24 FUNERAL DIRECTOR 305 N. Potomac St. DHMH - 16 60M 7/84 Gerald N. Minnich Hagerstown, Maryland OCT O (VRA 15, 4)

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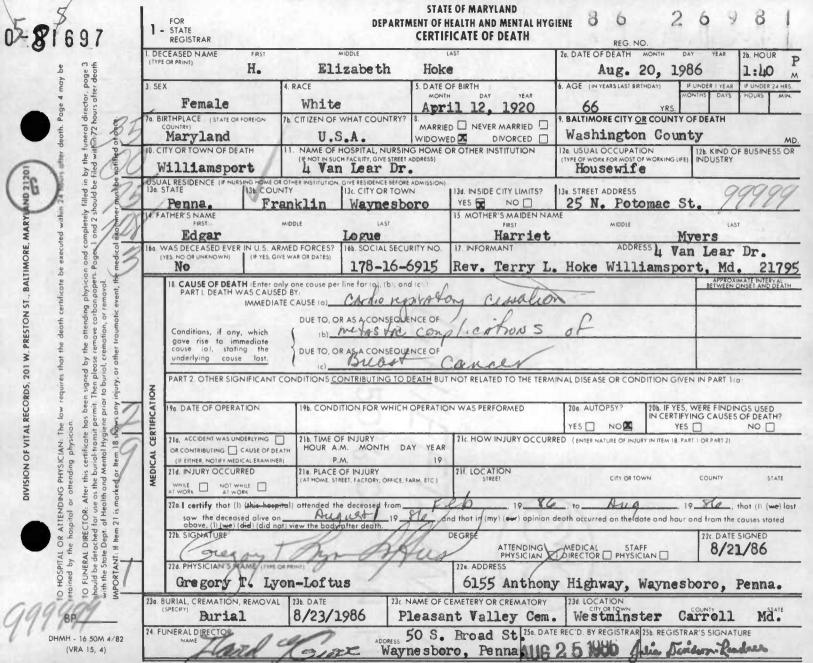
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MOR Poge	(res, no or unknown) (IF YES, C	SIVE WAR OR DATES)	176-07-3	599A	Mrs. Alm	na A.	Hurd, Hag	erstown	. Marv	land
ALTI te be pers.		18 CAUSE OF DEATH (Enter	only one couse pe	•				, ,			MATE INTERVAL
T., B. phys npog		DARTI DEATH WAS CALL	ED BY.			OCHADIA	IN	PARCTION		500	
or re		IMMEDI		R AS A CONSEQUE			171.3		1-1-1-		
STO		Conditions, if any, which		PATERIOS		TIC HEUN	T PI	SEASE		YEN	rac
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAN. The low requires that the death certificate be executed within 24 bagus: offending physician and completely filled in by os the buriol-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremotion, or removal. Only shows any injury, or other traumatic event, the medical executed post permit and any or the property.		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF						
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hos hos hos hed heept.	9	22b. SIGNATURE				DEGREE				22c. DATE	
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BP		burial	Sept.2	9,1986 Ce	edar L	awn Mem.	Park	Hagersto	wn, Was	h., Ma	ryland
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR MINN	ICH FUNE	ERAL HOME			250. DATE	REC'D. BY REGISTRA			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		Ruddoff	Jacopetti		Teresa		Deichi			
į.		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17. INFORMANT	ADDRE	SS			
		No	562-26-	-8884	Doris H.	Jacopetti	same a		3	
		PART I. DE ATH WAS CAUSE	nly ane cause per line lar (a), (b), a ED BY: TE CAUSE (a) <u>CAI</u> C CINC		F ESOPHAG	u s		BETWEEN	MATE INTERVA	EATH
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU							
	NO	~ N.11	CONDITIONS CONTRIBUTING TO	DEATH BUT	1) is	Organic He	L 11:	PART 110		
2	TIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	ZON AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	OF DEATH	15
7	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 (ORPART 2)		
	MED	21d INJURY OCCURRED WHILE NOT WHILE NATIONAL NORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn (OUNTY	STA	ATE
		sow the deceased alive an above, (1) (me) (did no	thel) attended the deceased from \$\frac{8}{3} \frac{1}{2} \text{19}.	86.0	nd that in (my) (our) opinion	death occurred an the d	ote and haur and	I from the		
		Mary E, U	Yoney W.			MEDICAL STA		P/	SIGNED 86	, -
		Marca E. MON	ey MD.		1708 Dar	HillAve	Hagel	sto	217	RI

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE 9-4-86 236. NAME OF CEMETERY OR CREMATORY
Pleasant View Gard. Martinsburg

Gerald N. Minnich Hagerstown, Maryland

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Pag. 23, 1925 931 . 0.400 det ajans .A.E.U To Table Istique! dering leading theret assertion nketurals Smithhouse x 321 (arrell Ma. 21983 . dank VIIA nimir. - selvano 220-15-7738 Ir. Mitcher Jacques, Milliamsory, Mt.

inrial Sept. 10, 1986 Salthaburg Jenetery Salthaburg, Mach., Mi.

Maria Funeral Mone, Saithabure, Ed., 21783 CIF 17 1086

083	1 - :	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH			, NO.	2 5	8 5
003	1. DECE	ASED NAME	FIRST		WIDDLE		AST	20	DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
death	11.11.20	T KIRGI	Viola		Virginia		Johnson		1	Sept.2	20 1986	M
	3 SEX			4 RACE		S. DATE C			AGE (IN YEARS LAST	BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
93		Female		Bl	ack	jar	1. 26 19	16	70	YRS		
5		HPLACE (STATE OF NTRY) Md.			F WHAT COUNTRY?	MARRIEI WIDOWE	DEVER MARRIED		Washi.		County	Γ MD.
0		or TOWN OF D Hagerst	072	11. NAME OF	FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET +9 W.Bet	ADDRESS)	Treet		USUAL OCCUP YPE OF WORK FOR MO House	ST OF WORKING		OF BUSINESS OR
\$	IJSUAL I3a ST.		URSING HOME OR 13b COUN Was	ITY	Hagers	N	134 INSIDE CITY LIMI YES (2) NO		STREET ADDRES	thel	St.217	40
11	II FATI	ROY		MIDDLE C.	Walker	c	Dals		MIDDE	. W	Vilkers	on
The me		S DECEASED EVI , NO OR UNKNOWN!	ER IN U.S. AR.	MED FORCES? WAR OR DATES!	215-18		Mrs.Ruth	wal		DRESS	uter Di	rive
Item 18 shows any injury, or other	FICATION	Conditions, if all gave rise to it counter to stounderlying counterlying counterlying counters in DATE OF OPER SI	mmediate fing the use last.	Dialog	es this	DEATH BUT	NOT SELECTED TO THE	Ciga	LI DISEASE OR S	28L IF YI IN CERT		NGS USED
9	CAL	OR CONTRIBUTING [CAUSE OF DEA	HOUR	OF INJURY A.M. MONTH D P.M. E.OF INJURY	AY YEAR	216 HOW INJURY O	CCURRED				30 []
	4	WHILE NOT	WHILE	(AT HOME.	STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	A	CITY OR	10WN	COUNTY	STATE
ANT: If Item 21		sow the dece	ased alive on		the deceased from 19 dy after death.		od that in (my) (aur) of		/		our and from the	
MPORTANT	2	20. PHYSICIAN'S		RPRINTI USCO	SUDRA	103 103	PHYSIC PHYSIC	. a	PEULON	SICIAN [me.	186
2	23a. BU (SPI	RIAL, CREMATIO Cres	N, REMOVAL	/	230	NAME OF C	emetery or crematurg Crema		23d LOCATION CITY OF TOWN 5 Smith	burg	Wash.	Md .
1-16 25M	24 FUN	ERAL DIRECTOR	·V	Dei	ADDRESS /	0.00	m 183 15	SEP	2 3 1986 °	AR 28. REGIS	STRANS SIGNA	NURE .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN DEMONTH TTYPE OR PRINTI OF ESTI-RAL DIRECTOR.

OR YOUR FILES.

THIN 72 HOURS

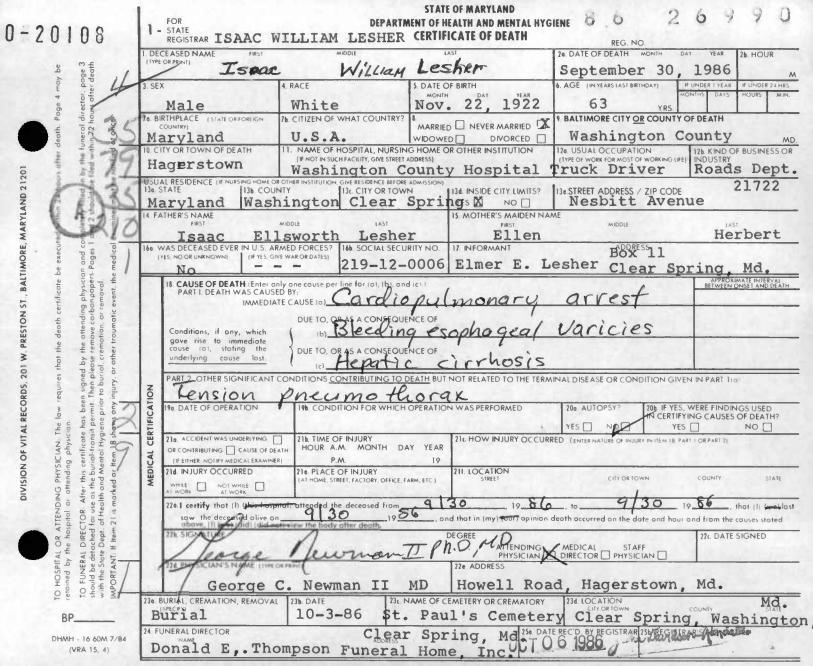
RESTON STREET, heodore DEATH MATED 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED White 12 69 20 16 DEAD 6 PM YRS 7b. CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED AN NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED [DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Co. Washington County Medical SUAL RESIDENCE LIE IN NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Cente 13a STATE 3e STREET ADDRESS Westminster 328 Gorsuch Rd. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Etta Keefer Grant Kaufman WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Gorsuch Rd. I ES. NO. OR UNKNOWN) Evelvn Westminster.Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO EUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL "FRANSIT PERMET AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE DATH WITH THE STATE DEPARTMENT OF MENTAL HYDING OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in OPERATION 2B AUTOPSY? NO [210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 300 AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY James Cemetery New Windsor Carrol] 07/B4 etcher & Son F. H 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** e Person (VR A15 ME (5))

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00-	18837		REGISTRAR	F FIRST		ME	WIDDLE	EXAMII	IEK 3 (LAST		2a. DATE K	REG. N	O. MONTH	DAY	YEAR	26 HOUR
	W		E OR PRINT)	11.5/		6			L	0110	1	OF DEATH	ESTI-	9	17	1086	1132
	PIES PIES	1.50	1	4. RACE	5 D	ATE OF BIRTH		6 AGE INY		DER 1 YR. IF UND	ER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	2d HQUE
	T N ST T	M	ale	White	3	DAY 28	27	59 Y	RS. MONT	HS DAYS HOURS	MIN.	PRONOUNG	CED	9	17	1980	40 N
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0	BERES S		reign country)	i	U	S.A.			WIDOW		RCED	1	Vas	1/26 9	bu		MD
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ORE,	301 T 400		Henry		llvi			lley	TV NO	Effie 17. INFORMANT	Mari	e Ca	ADDRES		Bu	rns	
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ZOS.	CERTIFICATE SHOULD BE EXECUTED WITING THE WORD "PENDING" IN PENDED TO THE CHIEF MEDICAL EXAMIN SHOULD BE SHOULD BE USED AS A BURBAL "TRENOR TO BURBAL THEATTH AND MENTIFIED BURBAL CREMATION, OR	7	PART 2 OTHER S	IGNIFICANT CONDITI	DNS CONTRI	18UTING TO DEATH	OUT NOT REL	ATED TO THE TER	MINAL DISEAS	E DR CONDITION GIVEN II	PART 1 to					- 11	
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Z X	OR CHIEF CHI	RTIF	210 EXTERN	AL CAUSE WAS	- 0	216. TIME O	FINITION		21, H	OW INJURY OCCU	DDED (ENITED)	HATHER OF IN	IDV IN ITCAL TO	D DADY T OD D		YES 🔲	NO
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	TO MEDICAL EXAMINE EXECUTE THE CERTIFE PAGE 4 SHOULD BE TO FUNERAL DIRECTORY WITH BATTMORE, MARYL		EXAMINER'S (TYPE OR PR		7/19	411	1XX	W. D		ADDRESS DO	CERN	5/1/4	e He	grist	ars	1//	9
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07/84 25M	BP	24 5	Bu'	rial	19-	-20-86				Cemeter	YE REC'D. BY	gers		Was SISTRAR'S		Md.	2
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	(VR A15 ME (5))	G'E	rald	N. Min	nic	h Hage	rsto	um, I	lary	Land	OLF &	0 130	00		CARREL IN	1	-515

19125	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2 EG. NO.	6 9	3 9
2 04	(TYPE	CEASED NAME OR PRINT) WILL	FIRST William	MIDDLE Alvi	N	Meps, Sr.	2a. DATE OF DEA	9	20 86	1.1P M
needer, p	3. SE.	M	4 RACE Whit		5. DATE C	DAY YEAR	6. AGE (IN YEARS L	75 YRS		HOURS MIN.
Control from	W	RTHPLACE (STATE OR FOR COUNTRY) est Virgini	a US		WIDOWE		Washi	ngton Co	ounty,	MD.
10 10 10	На	ity or town of death gerstown	Washi	such facility, give street ngton Cour	address)	spital	,	upation most of working li ntenance	(FE) INDUSTRY	BUSINESS OR ark Serv.
ANDZI	Ves	al RESIDENCE (# NURSI STATE t Virginia	Jefferson	on, give residence before 134. CITY OR TOW	/N		13. STREET ADDI 209 Wa	RESS / ZIP COD	///	25443
(D)//		George	WIDDIE	Kemp		is. MOTHER'S MAIDEN NA FIRST Annabell	MIC	ADDRESS	Table	er
trimoke to set		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES			Mrs. Thelma			ngton St	
VST. BA certicate than paper territoral cevent, t		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one couse p S CAUSED BY: MMEDIATE CAUSE (a)		nd (c), I	CALVIAC	J.AK	MEN	BETWEENO	ATE INTERVAL NSET AND DEATH
The death the arrend common or troumpt or tr	la la	Canditians, if any, s gave rise to imme cause (a), stating	which (b), diate the DUE TO	OR AS A CONSEQU		CONGE	TWE	HEHIL 1761	- FAI	WILE
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AL RECORE	TIFICATION	190. DATE OF OPERATION	ON 19b. COM	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CERTI	S, WERE FINDING FYING CAUSES C	
SCIAN, T B physic certificate entit hyp ben 18 sh	CAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
DIVISION PNG PHY: sheether on the bu	MEDIC	21d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE,		21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
ATTEND outpital e eCTOR. A d for use of the use of the use of the use				_10	, ar	nd that in (my) (aur) apinian	death accurred an		ur and fram the co	
PITAL OF 19 the 1/4 th		226. SIGNATURE	AE (TYPE OR PRINT)	it/M	Mu	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN	22c. DATES	2/86
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9998999	14/6	(SPECIFY) Burial	9/23			le Cemetery	Marti	nsbur	Berkeley	WV STATE
(VRA 15. 4)	B	rown Funera	1 Home PO	Box 821, Ma		burg, WV SEF	26 88	Julia d	Jandson-Ra	dall



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Washing County

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- 18	M.	ale	Caucasian	July 26, 1900		FUNDER I YEAR IFUNDI 24 HRS
1 10 % C	17.	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	Y? 8 MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 BALTIMORE CITY OR COUNTY Washington	OF DEATH MD
197		agerstown	NAME OF HOSPITAL, NURS Western Mary	ing home or other institution	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Adm. Officer	126 KIND OF BUSINESS OR INDUSTRY Fed. Gov t.
	13a	STATE ID COU	other institution give residence beauty ington 134 CITY OR TO n/a		13. STREET ADDRESS / ZIP CODE 3057 N. Oxford	Street 999
1100	1	ATHER'S NAME illiam	MIDDLE Luth	15 MOTHER'S MAIDEN N. Margaret	MIDDLE	toeckel
3			RMED FORCES? 166 SOCIAL SE		a-479A Oriole Ci	Hagerstown, Md
her the depth certifical by the otherding physics remove corboning), cremation, or remove other traumatic events.		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSEC	atory failure	41 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 hos
If AL KECONDS, 20 In the four requires of second that been signed that is been signed that is being the sygnested prior to burno. If second the second that is the s	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	CH OPERATION WAS PERFORMED 216 HOW INJURY OCCU	200 AÜTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DINGS PHYSICIAN Or otherding pity After this certific are as the burnel to certify and Number or marked or New T	MEDICAL (OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED TOR NOT WHILE AT WORK 220.1 certify that OK (this hosp		19 211. LOCATION SIREET	CHYORTOWN L. 10 SOPT ZN	COUNTY STATE
by the Norphiel by the Norphiel BEAL DIRECTOR Se director to a Store Director to a sto		saw the deceased alive ar		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN P	ond from the couses stated 22c DATE SIGNED 9/24/86
PORT PROFILE		FE U. POR	ediundula.	HageisToi	in, maylon	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 10M 7/14 (VRA 15, 4)

24. FUNERAL DIRECTOR

Burial

23a BURIAL, CREMATION, REMOVAL

Arlington Funeral Home-Arlington, Virginia

10-1-86

23d LOCATION
CHYOR TOWN
Arlington, CDUNITY
Arlington, Virginia Arl. National Cemetery

			STATE OF MARYLAND	68 /.	7 4 1 5 7
	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HY	GIENE O O	20 7 7 3
00-19087	REGISTRAR HOWARD	(NMN) MALATT	CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	{AST	2s DATE OF DEATH WORTH	DAY YEAR 26. HOUR
2 75	(TYPE OR BRINT)	d (NMN)	malate	But :	20-1981 9 4
2 24	Howar	14 RACE	TO DAY OF BIDY	A AGE MUTERIES LAST BIRTHDATT	IF UNDER 1 YEAR IF UNDER 24 MRS
\$ G4	Y	RACE	S. DATE OF BIRTH MONTH DAY YEAR	at Arce Taxaeles rust autumnt.	MONTHS DATS HOURS MIN.
\$ 95 X	Male	White	March 1, 1913	73 YRS.	
- 1 12 0	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
\$ \$50 OE	West Virginia	U.S.A.	WIDOWED DIVORCED	Washington (County
1 11	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	126. KIND OF BUSINESS OR
- 4 41 /47	Hagerstown	Washing ton C	ounty Hospital	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
8 5 5 7 4		E OR OTHER INSTITUTION GIVE RESIDENCE BEFO		Mechanic .	ISteel Erectors
2 S S S S S	13g STATE 136 CC	QUNTY 13c. CITY OR TO	WN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	DE
8 6 E	Maryland Was	hington Hagers		1223 Sherman	Avenue 21740
E 4 1201/1	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	IAST
\$ 1 P(X)	George	r 7 1	alatt Effie	Catherine	
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Q = 100 P 1		GIVE WAR OR DATES)	0607	1223	Sherman Avenue
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A P S P F	22b. SIGNATURE	not) view the body after death.	DEGREE		22c DATE SIGNED
0 4 0 50 4	1 1	2./1	ATTENDING	MEDICAL STAFF	9-20-86
E 2 2 2 2 2 2	22d. PHYSICIAN S NAME (IV		FITSICIAN	DIRECTOR PHYSICIAN	
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01 01 0	BARRY M.	cotten, MD	1+A+501800	N. MP. 21740	
SI MARKET	236 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	LOUNIA CITAL
BP	Burial	9-23-86 R	ose Hill Cemeter	yHagerstown.W	lashington.Md.
DUME 14 404 7 7	24 FUNERAL DIRECTOR		25c DA1	TE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 1S, 4)	A K Coffman Fin	noral Homo Tho	Hagerstown, Md	The same of the	The second second
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO a DATE KNOWN DECEASED NAME 1,86 OF ESTI-DEATH MATED (TYPE OR PRINT) & AGE (IN YEARS IF UNDER 1 YR DATE PRONOUNCED LAST BIRTHDAY) 1046 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) ASH INGTONI WIDOWED DE DIVORCED CITY OR TOWN OF DEATH NURSING HOME OR OTHER 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11 NAME OF OR INDUSTRY 21201 I STATE MD. 4. FATHER'S NAME BALTIMORE 16b. SOCIAL SECURITY NO. 16e WAS DECE U.S. ARMED FORCEST I SET TES. GIVE WAR OR DATES! YES, SICK CHESTOWNS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY CHOONIC MYOCARDIAL INFARE TRANSIT ERIOSCLEROTIC HEART Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF FICATE, WRITING THE WORLD.

JE FORWARDED TO THE CHIEF MEDICAL EXAMINATION, TOOR: PAGE 3 SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND MEN THE STATE DEPARTMENT OF HEALTH AND MEN THE STATE DEPARTMENT OF HEALTH AND MEN THE STATE OF THE STATE DEPARTMENT OF THE STATE OF THE STAT BURIALlying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 2 Ie PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21 LOCATION AT WORK AT WORK EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERTON: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 (*) STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Accident Hamicide death resulted from: Natural causes Suicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial 9-6-86 Md Nat'l Mem. Park Laurel, Pr. Geo., 07/84 25M 25 - DATE REC'DABY REGISTRAR 256 REGISTRAR'S GIGNATURE 24 FUNERAL DIRECTOR 246 N. Washington St. n Rockville, MD20850 **DHMH - 17** George R. Snowden (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH DAY (TYPE OR PRINT) Mercer. loyd Elsworth Seut DEATH MATED DATE YEAR PRONOUNCED 45 MALE WHITE 05 17 DEAD 41 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED XX WIDOWED [M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 124 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY HAGERSTOWN MECHANIC WASHINGTON COUNTY HOSPITAL VEHICLE UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 134 STREET ADDRESS FREDERICK 108 E. South St. FREDERICK NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FRANCIS JOHN MERCER STAUB **EMMA** ELIZABETH 17 INFORMANT ADDRESS Sheperdstown, 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO VES, NO. OR UNKNOWN) 215-42-2797 Lloyd E. Mercer, Jr. Maddex Ct. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TOPOR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🖹 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ATM. MONTH DAY YEAR UNDERLYING OR Pick-up truck Movina 7.95 P.M. SEAX 11 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME. 211 LOCATION WHILE AT WORK AT WORK State att 83 Ruckeystown 226 I certify that I took charge of the remains described above, held an and in my apinian Accident X Hamicide Natural causes Undetermined manner TITLE (SPECIFY) SIGNED SENT 12, 1986 PAG A 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE BURIAL 9/17/86 Mt. Hope Cemetery Woodsboro Frederick 24 FUNERAL DIRECTOR G. DOUGLAS STAUFFER 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** SEP 15 - when he well will 1621 Opossumtown Pike, Frederick, MD21701 (VR A15 ME (5)) 20M 4/82

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TALOK ATTENDING PHYSICIAN: The low requires that the death certificate be executed setting 24 hours because 4 may be y the haspital as attending physician.	All DIRECTOR After this certificate has been signed by the attending physician and complete the interpretations page 3. Godetoched for use as the buriol-transit permit. Then please remove carbonpapers. Pages I will be supposed that the buriol service is the carbon of Health and Mental Hyamme prime to buriol, cremation, ar removal. If If Hem 21 is marked at Hem 28 social injury, as other transmitted event, the medical margination in the medical production

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE CERTIFICATE OF DEATH

FEASEN NAME (185) TOURISM AND LAST 125 DAY

FEASEN NAME (185) T

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	3 SE)	(4. RACE		5. DATE C			6. AGE	IN YEARS LAST BE	RTHDAY)	IF UNDE	ERIYEAR	IF UNDER	24 MR5
	m	ale		white		Dec		1933	5	52	YRS.	MONTHS	DAYS	HOURS	MIN,
5	7a. BII	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER	MARRIED -	9 BALTIA	MORE CITY	OR COUNT	Y OF DE	ATH		
)		Virginia		US		WIDOWE	D	DIVORCED [WG	hoy	0-			MD.
1		TY OR TOWN OF Hagersto			FACILITY, GIVE ST			STITUTION	MARI mach	nyorano	d working operation	LIFE) 12b	too	Cor l cor	V ^{sor} e npany
5	13a S M	aryland	1136 COUN		13c CITY OR T	OWN Stown	YES 🖹	CITY LIMITS?	13e.STREE	T ADDRESS Wakef	/ ZIP COL	DE SC		217	
1	14 FA	Ben	Lee	MIDDLE	loses		15. MOTHE	R'S MAIDEN NA	ME	WIDDLE			LAST	3	
		VAS DECEASED E			166 SOCIALS	ECURITY NO.	17 INFORA	ANT		ADDR	ESS			-	
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	MEDICAL	21d INJURY OC	CURRED OT WHILE	21e PLACE C		KE FARM ETC)	211 LOCAT			CITY OR TO	OWN	co	YIMUC		STATE
		sow the de	ceased alive on ve) (did) (did no	tol) offended the	mallu	. 01	A/ZK nd that in (m DEGREE	y) (our) opinion of COVO) ATTENDING PHYSICIAN	XO a	loctor	0ct 09				-,
		22 d. PHYSICIAN	SNAME (TYPE O	NDX	ms		16 (C		1//	he H	240	156	in	n	4
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	24. FU	INERAL DIRECTO	MINNIC	H FUNE		OME			E REC'D. B	YREGISTRAF	25b. REGIS	STRAR'S	SIGNATI	URE	
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DHMH - 16 60M 7/84 (VRA 15, 4) The state of the same of the same

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1 11 6		male	CAUCASIAN	Jept.	0 1000	93 YRS	
1 1135		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED	WAShing to	
4 90		TY OR TOWN OF BEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE CICARVIEW NU			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING R. R. Engineel	126 KIND OF BUSINESS OR
1135	m	TATE , 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN,	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO	Brive 21742
1 12/1	14, FA	HER NAME FIRST FACOD S	MIDDLE		FIRST Gert		Weibel -Pradfraix
be execution and control of Fagure 1		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES! 705-10		Cuetis Mu	ADDRESS Illenix / LAKesi	de Dp. Hagerstow
rificate physics on paper chasel.			dy one couse per lige far inv. cb., on the care of the	nel	mela	audors	BITHER COOK AND DEATH
or the death co y the attending to remotion, or a other traumatic		Conditions, if any, which gave rise to immediate converte a stating the underlying cause last	DUE TO, OR A CONSEQUENCE OF THE	ne (Marsa	les duon	ungh
een signed the plant of the pla	ATION	PARTY OTHER SIGNIFICANT	ONDITIONS CONSENUTING TO		BELATED TO THE JEHAN	INAL DISEASE OR CONDITION O	IVEN IN PART L
T post part of T	CERTIFICAT					VES NO NO	TIFYING CAUSES OF DEATH?
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offer the per	MEDIC	THE INJURY OCCURRED WHILE DISCOURSED AT WORK DISCOURSED AT WORK DISCOURSED	71s. PLACE OF INJURY LATHOW, STREET FACTORS OFFICE	Falls (TE)	TH LOCATION	circostown	county state
RECTOR A REC		22a. I certify that (I) (this haspi saw the deceased alive an above, (I) (way (Add)) (did no 22b SIGNATURE	atal) attended the decessed from	97. on		death occurred in the date and h	that (I) (wa) lost our and from the couses stated
PITAL O		22d PHYSICIAN'S NAME LIVE C	DR PRINT)	1	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	9/29/1
TO FONE should be		L. L. P.	eker In.	mb	Ha gin	form , 1	n# 2174.
BP	230 B	urial, cremation, removal specify) 1r1a1	23b. DATE 23c 23c Sept. 30,1986		ill Cemetery	23d LOCATION CITY OR TOWN Hagerstown,	Wash., Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

burial Sept.30,1986 Rose Hill Cemetery

24. FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Hagerstown, Wash., Maryland

7753		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HY	REG. NO		9 9 8
moy be page 3 er deoth		OR PRINT) LESTE	ER		ORA	NAV	E E	SEPTEMBER	7 1986 YE	1 30° P
director, pos	3 SEX	Male	4 RACI	nite		5. DATE C	Idild	6 AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS DAYS HOURS MIN
m72 hou	20-811 CC	RTHPLACE (STATE OR FOREIC DUNTRY) Mary land	FX U	JSA	HAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF	R COUNTY OF DEAT	H ME
Post of	На	gerstown	Wa	NOT IN SUCH	ton Coun	ty Ho	e other institution	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Exterminat	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY St Control
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0	14 FA	THER'S NAME FIRST Joseph	Mart		Nave		15. MOTHER'S MAIDEN NA FIRST Laura	Elmire	Shank	LAST
medicol		VAS DECEASED EVER IN L ES, NO OR UNKNOWN) 1 IF NO	U.S. ARMED FO YES, GIVE WAR OR	DATES)	213-16-1		Martha L.Na	ve (item 13	above)	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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ows ony i	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
Mentol Hygin Is sh	CAL	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH H	b. TIME OF HOUR A.M P.M	I. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAI	स 2)
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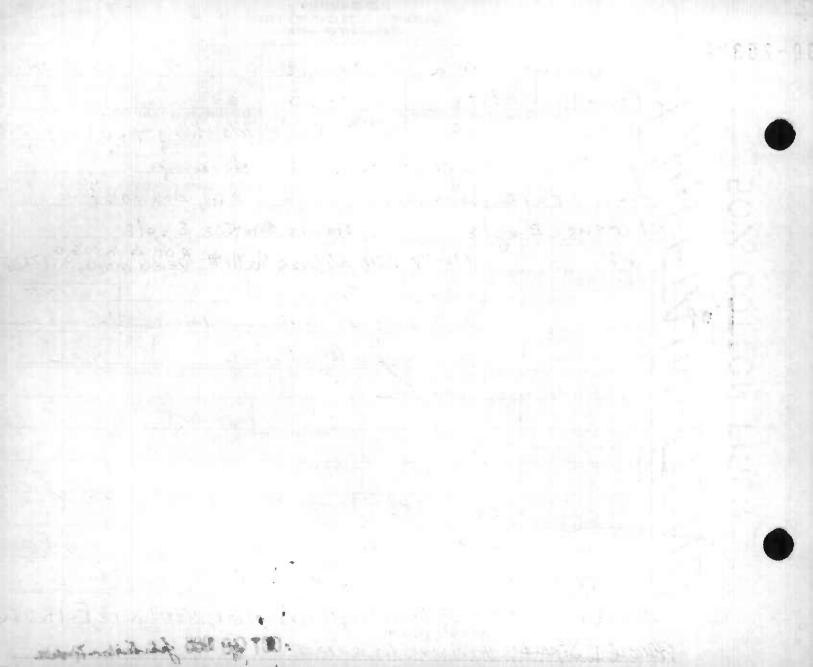
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TIL STILL

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3 3	I. DECE	ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
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	3.8EX		1112	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR	IF UNDER 24 HRS
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5		HPLACE (STATE	OR FOREIGN	U. S.	MHAT COUNTRY?	8. MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYC	F DEATH	~
		or town of erstown		11. NAME OF I	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION Hospital	12e USUAL OCCUPATION OF COMMISSION OF COMMIS	ON IF WORKING LIFE)		stery Of
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	Ida WA	S DECEASED ET	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECL		17. INFORMANT		ss P. O		
	No	, NO OR UNKNOWN	(t mm on on co,	703-18-0	5410	Mr. Addison	E. Richards	77456	ham,	lexas
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	W W	HE INJURY OCC	URRED	21s. PLACE		ABM, ETC.)	TH LOCATION	CIT+ 08.10	WH.	count	STATE
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		26. SIGNATURE	151	You	od		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN [221. DATE	SIGNED 6
Z		2d. PHYSICIAN'S	.5.1-	lood			138 E. Ant	tetam St.	Hage	rstou	ony M
		RIAL, CREMATIC					CEMETERY OR CREMATORY	Smithsbur	a. We	CANTY C	., Mã.
		rematio ERAL DIRECTOR		9-17-	00 31	niths	ourg Crematory	TE REC'D BY DECISTRAD	25h DECISED	DIE CICNIA	LIDE
7/84				Roone	boro, Md.	217	71 2	TE RECD, BY REGISTRAR SEP 1819	DC REGISTRY	AK S SIGNAL	UKE JA WEO

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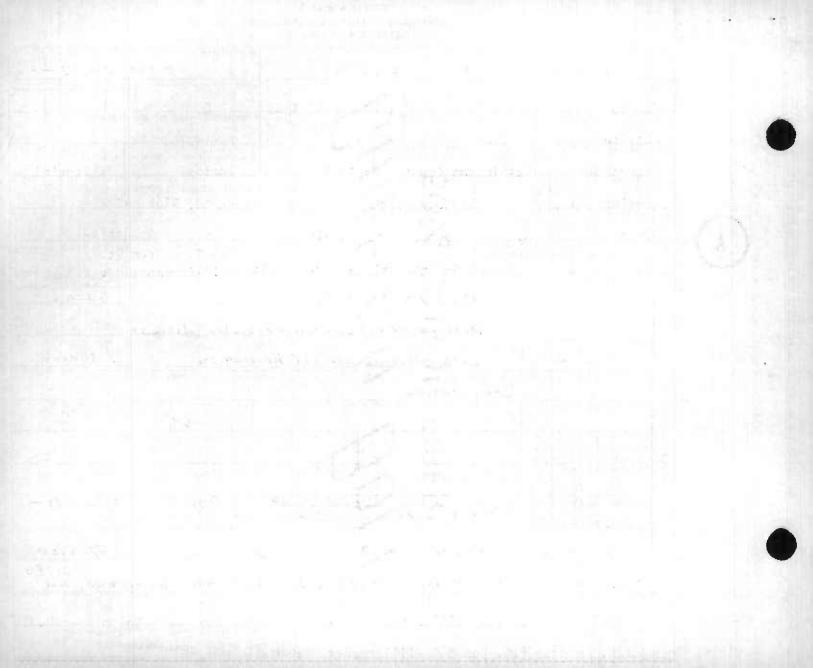
6	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 2 7 CERTIFICATE OF DEATH	000
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4 05		MONTH DAY YEAR MONTHS	
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4 70	YA	76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DE	AIH
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AND 21	29	130 COUNTY 130 COUNTY 130 COUNTY 130 STREET ADDRESS / ZIP CODE FULTO NEED OF SUM OF EVEN NOTE OF ROLL BOX 100	99999
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SALI open open	-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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to the police of	10.00	underlying couse lost. (c) Coronary arthry disease	year
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W Name of the state of the stat	=0	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
N SE SE	1/	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
OR A TAN	p ·	NOT WHILE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
DING DING SAfte Set St	Total I	22a.1 certify that (1) (this haspital) attended the deceased from $9-29$, 19.86, to $9-29$, 19.86	FG that (I) (we) last
TEN OF THE PER SERVICE AND	3	aw the deceased alive an 7-7-7 and that in my laur) opinion death occurred on the date and hour and above, (i) (yes) dial (did not) view the body after death.	
A S D P S S S S S S S S S S S S S S S S S	all 2	allove, (1) (ve)/did)/did not) view the body offer death.	2c. DATE SIGNED
0 4 0 50	-	MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	9-29-86
A TA A BASS	27	22d PHYSICIAN'S NAME (IVRE ORRHNIT) 22e ADDRESS	, 0100
D HOS Torred Torred Th the	No /	W. 5 Hood M.D. 138 E. Antietam St., Hayers,	town
000000	21	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	NIY STATE
449 89 44		Burie (10-2-8 Sideling Hill Baptist, NEED MOT	E telton la
7 DHMH 16 50N	7/84	24 FUNERAL DIRECTOR CO. BY LEGISTRAR 25b. REGISTRAR'S	SIGNATURE
(VRA 15, 4		Adulted & Separ Harrisonville, R. 17227 WIT 68 500 Sulinting	and Block are



06-15984	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6 2	7001
ay be death	DECEASED NAME FIRST M (TYPE OR PRINT) SEX A SEX	Nisewander S DATE OF BIRTH	20. DATE OF DEATH MONTH Aug. 5	GAY YEAR 26. HOUR 5. 86 5 PM IF UNDER 1 YEAR IF UNDER 24 HRS.
Page 4 m director 1	BIRTHPLACE ISLATE OR FOREIGN 176, CITIZEN OF V	ite May 5, 1930	56 YRS	MONTHS DAYS HOURS MIN.
deoth.	COUNTRY) Penna U. CITY OR TOWN OF DEATH 11. NAME OF H	MARRIED NEVER MARRIED WIDOWED DIMORCED OSPITAL, NURSING HOME OR OTHER INSTITUTION	Wash 120 USUAL OCCUPATION	A STON MD.
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rtificate by physicial phy	18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (0), the piratory a	west	SETWEEN ONSET AND DEATH
death cei death cei attending ove carbo	Conditions, if ony, which ((b)	AS A CONSEQUENCE OF SYAIN SHE	m infarct	16 hrs.
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OF VIT	OR CONTRIBUTION [] CAUSE OF DEATH THOUR AND	A MONTH DAY YEAR	(I will forthe out the CE Hillian Miller He	PART (GRANT 3)
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TTENDIN pital or TOR: Af for use o of Health	220.1 certify tha (1) (this haspital) attended the saw the deceased alive an above, (1) (we) (did) (did not) view the bady	5 19 86 and that in (my) (aur) opinion	death occurred an the date and have	19
Al OR A the hos Al DIRECtetoched one Dept.	226. SIGNATURE - Wheles	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL I should be detected with the Store I IMPORTANT: If	22d. PHYSICIAN'S NAME (TYPE OR PRINT) A. F. Abolu	1994 220 ADDRESS 318	N. Potomac	Hagestown
O per Or se	30 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BUF-166 9/9/	231 NAME OF CEMETERY OR CREMATORY 286 Celan Hill Cometers	23d LOCATION CITY OR TOWN	Frankli Puna
99 Johan 16 60M 7/84 (VRA 15, 4)	4 EUNERAL DIRECTOR	Grandle Par AUG	E REC'D. BY REGISTRAR 25b. (19615)	TRAR'S SIGNATURE

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YES NOTE YES	NO 🗌
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTION OF CAUSE OF DATA HOUR A.M. MONTH DAY YEAR	
OK CONTRIBUTION CO	
216 INJURY OCCURRED 216 PLACE OF INJURY 211, LOCATION	STATE
(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	SIAIC
	iot (i)(we)lo
aw the deceased alive on aug 9 19 86 ond that in (my) (our opinion death accurred on the date and hour and from the cau	-
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The state of the s	
DE ACRETE	IGNED
7 7 1 1 C	IGNED 186
Richard E. Smith, M.D. 1708 Oak Hill Ave, Hagerstown,	186 21760
23a BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	IGNED 186
Burial Aug. 19 1986 Rahway Cemetery Rahway Union 24 FUNERAL DIRECTOR 1250. DATE REC D. BY REGISTRAR 255 REGISTRAR'S SIGNATUR	186 21760
24 FUNERAL DIRECTOR 1250, DATE REC'D. BY REGISTRARIZSD. REGISTRARIZSD. REGISTRARIZSD. REGISTRARIZSD.	JOB 21760 MA
Major M Oshorno P O Boy 2/18 Williamsport Md 116 2.5 1986	JOB 21760 MA



00	- 1	77	32	1 -	FOR STATE REGIS
MORE, MARYLAND 21201	years of the 24 hours and desilt. Fage 4 may be	und completely filled in by Industrial director, page 3 regions and a story death	55/500	2.7	Feme (Feme (Tyori Agex Alresid Atate Md. THER'S VAS DEC (ES, NO Q)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate between by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicshould be detached for use as the burial-transit permit. Then please remave corban popelities with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If hem 21 is marked or frem 18 Youws any injury, ar ather traumatic event, this is	MEDICAL CERTIFICATION	Condigove under under 21a. AC OR CON CONCENTRATE 21a. AC OR CON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.		
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	?
Clara	Laura	Pumphrey	09/0	9/86 7:5	OAM
EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS	
Female	White		17 68 Y	RS NOORS	101 11-0.
SIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRI	9. BALTIMORE CITY OR COU		
alt. Md.	USA	WIDOWED DIVORC			MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINES	SS OR
lagerstown	Western Mary		House wife		
UAL RESIDENCE (IF NURSING HOME STATE 138 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BI			Balto .Md	
Md. Bo	alt. Balt.	YES NO			30
ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAII	DEN NAME	LAST	
Michael	Brannan		hel	Harvey	
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIALS		ADDRESS		
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 215-05	5-9597 Mr. Thur	man L. Pumphrey,		
18 CAUSE OF DEATH (Enter	only one couse per line for to , (b	, and ic	- Land Health State of the	APPROXIMATE INTER	VAL DE ATH
IMMED	TATE CAUSE (D) Cor Pu.	lmonale		years	
underlying couse last			ondary to stroke	years years	
198 DATE OF OPERATION	T CONDITIONS CONTINUED INTO	TO DEATH DOT NOT REENTED TO TH	TE TERMINAL DISEASE ON CONDITION	COVER NAME TO	
190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT	
12 - V 10 - 12 1			YES NOT	YES NO	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJUNY IN ITE	w 18 PART OR PART 2)	
216. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY SI	TATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFF	ICE, FARM ETC.)			
220.1 certify that DE (this ha	spital) attended the deceased fro	m Feb. 4 19	86 . to Sept. 9	, 19.86, that ye (w	ve) lost
sow the deceased alive	on Sept. 9	9_86_, and that in (my) (XX	opinion death accurred on the date and	I have and from the causes sta	ted
73) -61011711-10E	Aux view the oddy after death.	DEGREE		224. DATE SIGNED	
Hours	28001-	MT) ATTEN	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	09/09/8	6
224 PHYSICIANS NAME	reference to the contract of t	22e ADDRESS			
Kyung Kim	6		ennsylvania Avenu		
BURIAL, CREMATION, REMOV					
	AL 123h DATE			21740	
(SPECIEY) Burial	0/10/1000	3c. NAME OF CEMETERY OR CREM.	ATORY 23d LOCATION		ATE PT
SPECIFY) Burial UNERAL DIRECTOR	9/12/1986	31. NAME OF CEMETERY OR CREM. Glen Haven Men	ATORY 23d LOCATION	nie, XI.A.Co.M	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Balto.Md.21230
McCully Funeral Home, 130 E. Fort Ave.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

00-17064	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 2	7004
00-11904	1. DECEASED NAME FIRST	MIDDLE	TARTANTOT TO C	20. DATE OF DEATH MONTH DA	10,110011
of A po	Mae		REYNOLDS	9-6-8	₩.
1 192	1. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
000	Female	White	Feb. 13, 1913	73 _{YRS}	
1 2 X	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
1 11 1	Virginia	USA	WIDOWED DIVORCED	Washington Cour	
1111	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
8 (1)	Hagerstown	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	heran Nursing Home	Custodian	Railroad
	13a: STATE 13b. CO	UNTY 13c. CITY OR TO	WN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	0 / 04750
3 1 34	Maryland Wa	shington Knoxvi	I P YES NO XX	Route 2, Box 259	9 / 21758
1 17/2	Charles	William Craw	FIRST	MIDDLE	Steele
A 10 0 10 10 10 10 10 10 10 10 10 10 10 1	160 WAS DECEASED EVER IN U.S.				e 1, Box 407
MON Sond	(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 219-20-	2800 Cany A Boy	nolds - Kearneysv	
ALT. 2	The state of the s	only one couse per line for (a), (b), a		moras - Kearneysy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s	PART I. DEATH WAS CAU	SED BY: SET CHANGE IS	1. A. DILLET	Ola Is rounds	BET WEEN ONSET AND DEATH
ON 5 nding cores or notic	IMMED	DUE TO, OR AS A CONSEQU	JENICE OF	The contract	
RESTO e death nave ca oftan, t	Canditions, if any, which	(Die	4 Mille		
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ottending physician. After this certificate has been signed be as the burnol-stronsit permit. Then plea the and Mental Hygiene prior to burial, and Mental Hygiene prior to burial, and mental Hygiene prior to burial, and mental B shows only injury, or conked or them 18 shows only injury, or conked or them 18 shows only injury, or control	190 DATE OF OPERMION 210. ACCIDENT WAS UNDERLYING	CONDITION FOR WHIC	H OPERATION WAS PERFORMED.		WERE FINDINGS USED ING CAUSES OF DEATH?
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VISIG PH Officer the ond ked o	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
Da A Sa E		spital) attended the deceased from	11 4 19 92	, to 9/6 15	that (I) (we) lost
for contract	saw the deceased alive	G/h		death occurred an the date and haur o	and from the causes stated
OR AND DIRECTION OF A NEW OR AND OF THE CONTROL OF	221 SIGNATURE	ASSA VIEW THE CODY OTHER DECINI.	DEGREE		22c. DATE/SIGNED
TAL O TAL O detocl detocl tate Do NT: If It	Kelling	willer	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/8/86
HOSPI bined b FUNE ould be th the S	5/5 WEV	MOVENOT	FIN TUNK	STOUR	mD
of of sho	23a BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Burial	9/9/86 S	amples Manor Cem.	Samples Manor,	Wash. Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS	Drawer C 250. DA	TE REC'D. BY REGISTRAR 256. REGISTRA	
(VRA 15, 4)		er - Harpers Fer		EL 1980	

-1932	9	1 -	FOR STATE REGISTRAR STELLA	MAY RICKETT	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL H' CATE OF DEATH		6 REG. NO.	2 7 0	0 5
		1. DE	CEASED NAME FIRST	MIDDLF	LAS	ST .	20. DATE OF DI		DAY YEAR	2b. HOUR
y be			Stella	May	Ric	KETT	Ser	t. 20,	1986	13%A
E	- 0	3. SE	- Harman Control of the Control of t	4 RACE	5. DATE OF	BIRTH YEAR	6. AGE IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4	120	/	Female	White	Apri		88	YR		1100113
Po Po	1	≯u Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8	□ NEVER MARRIED □	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
leoth	20		aryland	U.S.A.	WIDOWED			ngton	County	٨
ler d	76		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME OR	OTHER INSTITUTION	12a USUAL OC		12b. KIND C	F BUSINESS C
0	17	Н	agerstown	Washington		Hospital	Housew	ife .	INDUSTRI	
Poet P	De la	₩3U. 13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO			13d. INSIDE CITY LIMITS?	13e.STREET ADI		ODE	
fill 24	E	M		hington Hag		YES NO	222 Su	mmit A	Avenue	2174
The state of	e l	14. F/	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	1AME	NDDLF		
p 117	11		D 11	M. Davi		Sarat		IOULF	Gladhi	11
ecut	97		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOC	IAL SECURITY NO.	17 INFORMANT		108 G	lenwood	
Pog P	1	(No =	= = 1214	-09-8066	Anna L. H			town, Ma	
d of the ball	Ž.		18 CAUSE OF DEATH (Enter							IMATE INTERVAL
signed by	lury, or oth	z	PART 2 OTHER SIGNIFICAN	10	144,085		RMINAL DISEASE C	R CONDITION		erong.
he law rea on. has been t permit. Then ene prior t	Z Sony in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	r which operation	WAS PERFORMED	200 AUTOPS		YES, WERE FINDI	
phys ifico	m 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATUR	OF INJURY IN ITEM	18 PART OR PART 2)	- Second
PHYSIC ending this cert is buriol ad Ments	or the	MEDICAL	(IF EITHER NOTIFY MEDICAL FXAMII 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUR	19 Y	211 LOCATION	127			
G Pren of the the	pa	X	WHILE NOT WHILE AT WORK	(AT HOME, STREFT FACTOR	RY, OFFICE FARM ETC)	STRFET	C	ITY OR TOWN	COUNTY	STATE
Z + of	mor		22a.1 certify that (I) (this ho	soutal) attended the decease	ed from	14 196	, 25	Bigh.	10 86	that (I) (we) I
ATTEND ospital oscilla. A for use	15		saw the deceased alive	on 19 the bady ofter dea	19 EL . and	that in (my) (aur) apinio		n the date and		
	e B		22b. SIGNATURE	not) view the bady ofter dea	th.	EGREE			22¢ DATE	SIGNED
0 0 0 00	±		200	Que O	en. mi	ATTENDING		STAFF		
HOSPITAL ned by th FUNERAL old be determined the Stote	Z d		224 PHYSICIAN'S NAME (TYP	F OR PRINT)		22e ADDRESS	DIRECTOR	PHYSICIAN [
etoined TO FUNE should be	MPORTANI		WINE	arhae		130 E A	wobseter	54. 17	ag erstor	sul a
of of short	X X	770 5	SURIAL, CREMATION, REMOV	AL 23b. DATE	1331 NAME OF CE	METERY OR CREMATORY			1	-4
BP		230 C	Surial, cremation, remov. Surial	9-23-86		11 Cemete:	CITY OR	OWN	, Washing	orton State
Dr			JNERALDIRECTOR	19-23-00	Mose III		ATE REC'D. BY REG			
OHMH - 16 60M	7/84		NAME	noval Uma T	ADDRESS UCCORD		SEP 2,5 1	986		the state of the state of
(VRA 15, 4)		H.	K. Coffman Fu	herar none, 1	nc., nagers	LOWII, Ma.	- 1123 1137 0	000		27 .2.

32301-01

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

329	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND A		REG. NO	la 1	/ 0 0 0
	CEASED NAME FIRST	MIDDLE	(ASI				YEAR 26 HOUR
1,441	Ray	Caamaan	Dádanasan			110 105	7. 45.4
3.56	Nay	Enerson 14 RACE	Ridenour,		6 AGE (IN YEARS LAST BIRTI	/10/86 HDAY) IF UNDER	7: 45a M
1/	Mala.		MONTH DAY	YEAR		MONTHS	DAYS HOURS MIN.
FX.	Male	White	2 26	23	63 BALTIMORE CITY OF	YRS.	A711
Kell II.	HPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED EX NEVER A	AARRIED -			АІП
	Maryland	U.S.A		VORCED	Washington		MD
NIE C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ITUTION	120 USUAL OCCUPATION	WORKING LIFE) IND	KIND OF BUSINESS OR
	agerstown	Western Maryl	and Center		Teacher		School
3	STATE 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134 CITY OR TOW Smiths bu	/N 13d INSIDE CI	NO [X	Rt 1 Bex	ZIP CODE	21783
1 34.81	ATHER'S NAME			MAIDEN NAM			
(V	John	H. Ridenou		FIRST	Be1	le -	LAST
16g. \		RMED FORCES? 166 SOCIAL SECU		NT	ADDRES		oms
		WII 219-14-93	00	Jane Rid	lenoun Smi		Md. 21783
	18 CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), or	id (ch.)	8 (0.45%)		8	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUS	TE CAUSE (0) Giant Bul	lae Emphysema -	bilatera	1		
		DUE TO, OR AS A CONSEOU			4-21-1		
	Conditions, if ony, which		clerotic cardio	vaccular	dispaso		
8 3	gove rise to immediate couse (a), stating the			va scurar.	0126026		
4 3	underlying couse lost	DUE TO, OR AS A CONSEOU				100	
	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ppresive disonde		NIAL DISEASE OR COND	ATTION CIVEN IN I	DART I
Z	TAKI 2 OTTEK SIGINI ICANI	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KEERTED	TO THE TERM	INAL DISEASE ON COME	THO IN GIVE IN IN	AKI IId
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERED	RMED	200 AUTOPSY?	20h IF YES WERE	FINDINGS USED
1 2				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IN CERTIFYING C	AUSES OF DEATH?
4	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	Tal, HOWIN	IUDY OCCUPA	YES NO	YES 🗶	NO 🗌
1 0	OR CONTRIBUTING CAUSE OF DE		AY YEAR	JUNT OCCURR	ED (ENTER NATURE OF INJUR	TIN HEM IS PART TOR	PARI 2)
2	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
9	21d INJURY OCCURRED	21e PLACE OF INJURY	FARM ETC) 211 LOCATIO	N	CITY OR TOV	yn col	UNTY STATE
1	AT WORK NOT WHILE AT WORK						
	220 1 certify that (X (this hosp	oital) attended the deceased fram	June 25	19.86		10 19 86	
	sow the deceased alive a	September 1019 A view the body after death	36, and that in (my)	MX opinion d	leath occurred on the do	te and hour and fr	om the couses stated
	719. SIGNATURE	A Price and a Pric	DEGREE			22:	C. DATE SIGNED
	(Xehill	A AIII	1 11 04	TTENDING	MEDICAL STAF	F	9/10/86
	174 PHYSICIAN STANKE THE	9-7/1111	27e ADDRES		DIRECTOR PHISIC	IAN LI	3/10/00
/	Kyung S. Kim/	M.D.			nia Avenue, Ha	igenstown,	MD 21740
	Ryung S. King						
	BURIAL, CREMATION, REMOVA	110000000000000000000000000000000000000	NAME OF CEMETERY OR		23d LOCATION		
	1	110000000000000000000000000000000000000			Smiths by	LES Wash	Md.
	BURIAL, CREMATION, REMOVA	Sept.14,1986 P		ey Cem.	CITY OR TOWN	Sh REGISTRARS	

TOPORO. foodoc ESVIS BOW ROLL I A X gradeding .new .bn office in Street, M. 1100.151.2 markel lept. 14, 1986 Pleasant aller Com. Unitaskurg, amen

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	STATE OF MARYLAND	7 1 0 0
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O	1000
0-18838	REGISTRAR FLORENCE VIRGINIA ROBINSON CERTIFICATE OF DEATH REG. NO.	
0 10030	(TYPE OR PRINT)	DAY YEAR 26 HOUR
noy be poge 3	FLORENCE V RObinson 91	8 86 10:55m
I mo	4. RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	Female White 11 29 03 82 YRS.	The same of the sa
Pol din	38. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY	OF DEATH
de off	MARYLAND WISA WIDOWED DIVORCED Washington	County MD.
1 2 7 9	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING LIFT	17b. KIND OF BUSINESS OR
201	Hagerstown Washington County Hospital Housewife .	1.
215 bound	USUAL RESIDENCE (IFNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STATE 130. STREET ADDRESS / ZIP CODE	21795
N 2 1	Maryland Wastington Williamsport YES □ NO M Route # 2 Box 38	88A
RY #	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
MARY Smiles	77 1/	owers
BALTIMORE, cote be executed as systems and as you.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ale Cturant
IIMO	No 217-56-1819 Fannie E. Frazier Hagers	stown Md
BAL1 ore is ppers	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH IEnter only one couse per line for 101, (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the physical series	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Congestive Hesul Silve	1m0
PRESTON S) he death cert he attending emove carbon motion, or ref	DUE TO, OR AS A CONSEQUENCE OF,	
deot deot ove fion,	Conditions, if ony, which (b) Attorn	154
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
1 W. I by t	underlying couse lost.	
ires th gned k n pleo buriol,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 10.
RECORDS, low requir so sheen signerment. Then the prior to be to ony injury	Chronic Lung de Socoudary & Tub 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 107 NOERTIE YES NOEP YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	evolors
beer mitter	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
Al ho	YES NOD YE	S NO
PEVITA Physici Physici Pitfoote Pitfoot	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 F	ART 1 OR PART 2)
SICIA Partificial particular	WE EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
DIVISION OF VITAL NG PHYSICIAN. The ottending physicion ther this certificate has the buriol-tronsit phond mental Hygier th ond mental Hygier orked ordtem #8 shop	OR CONTRIBUTING CAUSE CONTROL PARTY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DIVIS ING P r offer the osther of the one	WHILE MOT WHILE I AT WORK AT WORK	
NDII or use deals and is mo	220.1 certify that (1) (this hospital) attended the deceased from	19. 50, that (I) (we) lost
ATTE ATTE Isspito CTO A for of h	sow the deceased alive on 9-16 19-86, and that in (my) (ow) opinion death occurred on the date and hou obove, (1) (we) (did) (did not) view the body after death.	r and from the couses stated
her Her	276 SIGNATURE DEGREE	22c. DATE SIGNED
4 . 2	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7-18-86
HOSPITAL med by the FUNERAL Juid be deta the Store	THE PHYSICIAN'S MAME (THE DETECT)	11/0
TO HOSPITAL retoined by 1 TO FUNERAL should be de with the Stotk	ME Byrkit Williamspout	Ma
5 5 5 4 3 ₹	THE BURIAL CREMATION REMOVAL THE DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OF TOWN	COUNTY
BP	1 p. 1 19-77-86 dinochura monnanita 6cm Dinochura Wa	shington, Md."
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Md 250 DATE RECP. BY RECISION 246 REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Donald E. Thompson Funeral Home, Inc.	

10-1764	2	1 - 9	FOR STATE REGISTRAR			DEPARTMENT OF	HEALTI	AARYLAND I AND MENTAL H CERTIFICATE O	-	6 REG.	2 7	0 0	9
	3		EASED NAME OR PRINT)	Dona1	d V	MIDDLE Villiam	R)SER	01	E KNOWN ESTI- TH MATED	SEPT.	7 1986	7:30P
RY, PLEASE DIRECTOR DUR FILES 72 HOURS	N STREE	3. SEX	le	white	S DATE OF BIRTH	YEAR 6. AGE (IN Y LAST BIRTHI		DER 1 YR. IF UNDER 2	MIN PRONC	ATE DUNCED EF	монтн т. 7	DAY YEAR 19 86	2d. HOUR 8:45
A CESSA UNKRAL WITHIN	33	Ma	RTHPLACE (SIZEGN COUNTRY) Tyland		76. CITIZEN OF WE	A COUNTRY?	WIDOW		D D 9 BAL	Wash:	OR COUNT ington	Y OF DEATH	MD.
HIAY IS TO DE PAGE REALED	5 0	На	gerstow	m	708 Gt	PITAL, NURSING HON CILITY GIVE STREET ADDRESS 111ford Ave	nue	ER INSTITUTION	126 USUAL OC FOR MOST OF Labore	VORKING LIFE)		OR INDUST	RY
1201 21201	35	Ma Ma	ryland	135 COUN		13c. CITY OR TOWN Hagerstow		YES 😿 NO 🗌	13e STREET AD		Avenue	e	21740
BALTIMORE, MD. IRS AFTER DEAT GIVE PADES GIVE PADES PAGES 1 AR PAG	21		THER'S NAME	EVER IN U.S. AR	MIDDLE Earl	Roser	TV NO	15. MOTHER'S MAIDE FIRST Anna	NNAME	L. ADDRE	c c	Pard	on
ALTIMO E AFTER GIVE PA TITH FOIL	MOSSON /	ye	S, NO, OR UNKNOV	(IF YES, GIVE 1949-	-1952	217-28-12		Carmella	Roser,			Md.	
DS, 301 W. PRESTON ST., XECUTED WITHIN 24 HOL G". IN PENCIL IN ITEM. IS CAL EXAMINER ALCHE BURIAL-TRANSIT PERMIT	AND MENTAL HYGERE ON, OR REMOVAL		Candition gave rise cause (a) lying caus	IMMEDIA: s, if any, which e to immediate stating the under- e last.	D BY: TE CAUSE (GARD DUE TO, OR (b) S DUE TO, OR (c)	AS A CONSEQUENCE	RTENS OF	IVE HEART E		402		BETWEEN ONS MMEC	ET AND DEATH
VITAL RI		CERTIFICATION	19a. DATE OF		196. COND!"	TION FOR WHICH OPE						20. AUTOPSY	no ▼
DIVISION OF V HIS CERTIFICATE WRITING THE WC AR 25 SHOULD THE GRE 35 SHOULD BE	CAN	MEDICAL CE	UNDERLYING	OR IG CAUSE OF CCURRED	HOUR A.M DEATH P.M 21e PLACE (MONTH DAY YEA	211. LC	OW INJURY OCCURRED		TOWN		unty	STATE
DICAL EXAMINER: THE THE CERTIFICATE, A SHOULD BE FORW.	TH THE S			y that I taak charged from: Natu	pe of the remains des rol causes (A),	How	Autop uicide^	Homicide TITLE (SPECIFY)	Undetermined MEDICALES	AMINER	and in my ap DATE SIGNE	10 H 8/81	-MD
TO ME	BAL	. (5		ION,REMOVAL	23b. DATE	23t NAME OF CI		R CREMATORY	23d. LOCATIO	N	COUN		STATE
DHMH - /VR A15 MI 15M 7/7	E (5))		NAME		FUNERAL ADDRESS Vd., Hager	HOME stown, Md.	2174		EC'D. BY REGIS	TRAR 25h. RE		IGNATURE	

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BO, WASTORSFAM . TO MOTHER LAW.

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STATE OF MARYLAND

	- 5	OR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O O	2/010
1	1. DECE.	ASED NAME FIRST	MIDDLE	EAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
ı	TIPEOR	Harry	Francis	Rudolph	Sept. 30.	1986
ł	S SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
I	Ma	ale	White	Aug. 1. 1908	78	YRS.
1		HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
		ryland	U.S.A.	WIDOWED DIVORCED		on County MD.
I	10 CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
	Has	gerstown	238 E. Linco		Postman	Postal
1	USUAL 13a STA		OTHER INSTITUTION, GIVE RESIDENCE BEF		13e STREET ADDRESS /	71P CODE 2174/7
	Man	ryland Wash		stown YES NO ST		ncoln Avenue
1	14 FATE	HER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST
١	F	Harry F	70 3 70 2	Sr. Delia	Christine	
1	16a WA	S DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	The state of the s	ADDRES	
ı		, NO OR UNKNOWN) (IF YES, GIV	TT 272-09	-7234 Alice E. H	Rudolph sam	22 73
t			nly one cause per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	D BY. TE CAUSE (o)	coulinous	us arre	7
ĺ		IMMEDIA	Pro-en Domes	water or	1	
١		Conditions, if ony, which	DUE TO, OR AS A CONSEC	rie linns	choma	
ı		gove rise to immediate couse (a), stating the	SULTO ODAL A CONST	NUENICE OF		
i		underlying couse lost	DUE TO, OR AS A CONSEC	esclustie a	anderon	sculen des
1	P	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
١	N O					
1	TA 19	a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
ı	CERTIFICATION				YES NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
1	2	10. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
1	AL.	OR CONTRIBUTING CAUSE OF DEA	AIR	DAY YEAR		
	MEDICAL	1d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOW	IN COUNTY STATE
1		WHILE NOT WHILE I	(AT HOME STREET, FACTORY, OFFIC	(E, FARM, ETC.)	CITTORION	31812
ı	2		Tai) attended the deceased from	19.87		O 19 86 that (II (we) Jost
1		sow the deceased alive on	t) view the body offer death	ond that in (my) (our) apinio	n death occurred on the dat	e and hour and from the causes stated
ı	7	Th. SIGNATURE	I) view the body offer deom	DEGREE		22c. DATE SIGNED
		Moras	Mum	MAN IT ATTENDING	MEDICAL STAFF	
	2	24 PHYSICIAN'S NAME LIVE	OR PRINT)	22e ADDRESS	,	
		G				

DHMH - 16 60M 7/84

BP.

24 FUNERAL DIRECTOR Gerald N. Minnich (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

23b DATE

305. N. Poto mac St. 250 DATE RECO MERIDIAN Hagerstown, Maryland

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Williamsport

Laine and the second of the se entered in the selection of the selection of

THE RESIDENCE OF THE PARTY OF T

(VRA 15. 4)

STATE OF MARYLAND

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	STATE
FOR	DEPARTMENT OF HE
STATE	DEI ARTHUETT OF THE

OF MARYLAND AND MENTAL HYGIENE

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27012

		REGISTRAR REG. NO.										
		CEASED NAME	FIRST	Norman	MIDDLE		AST				DAY YEAR	26 HOUR
	TYPE	ORPRINT) PAUL				1-1 12 m	KK		SEPTEMBE	Th 16.	1986	10 15/P M
	3 SEX	(4. RACE						HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
male		whit	white		March 30, 1898		88	YRS.	MONTHS DAYS	HOURS MIN.		
2.			OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D Neve		9. BALTIMORE CITY OF	COUNTY	OF DEATH	
3			ia	IISA	1				Washington	1		MD
S				11. NAME OF	OSPITAL, NURSIN	G HOME (The state of the s	120. USUAL OCCUPATIO	ON		
1				Washi	ington Co	unty	Hospit	:a1	courier	WORKING LIFE		
1	13a. S	STATE	13b COUN	VTY	13c CITY OR TOW	N	13d. INSIDE	CITY LIMITS?				21740
1	14 FA				THE THE TOWN		15 MOTHE					
1						er	100	Clara			Hocken	smith
-	16a W						17. INFORA			SS		
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR O		E WAR OR DATES)	AR OR DATES)			Paul N Soilhamar Ir Hagaretorm Md					
-							1 40	II N. DE	Tillamet, 51.	, IIag	~	
		PART I DEATH WAS CAUSED BY.										
		IMMEDIATE CAUSE 10) PULMONARY CANCINOMA, SUSPECTED 2 YEARS										
		DUE TO, OR AS A CONSEQUENCE OF										
				(b)								
				DUETO OF	R AS A CONSEQUE	NCE OF						
		underlying cause	lost	(c)								
		PART 2. OTHER SIGN	HEICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR COND	OITION GIV	EN IN PART 1	a,
	Z O	COLONIC	165	MORKHA	GE, ETT	0100	9 0	NIETER	MINED			
7	TA.	19a DATE OF OPERAT			-				200 AUTOPSY?			
	FIE	NONE					YES ON NOTHING CAUSES OF DEATH?					
4	E E	210. ACCIDENT WAS UND	ERLYING [21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
r		The state of the s		NITT.								
	20					19	211 1OCA	ION				
	ME	WHILE TO NOT WH	NOTE OF DEATH MODITE A RACE White Sell-Hamen 1.e 1.e 1.e 1.e 1.e 1.e 1.e 1	STATE								
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		BARRY	M.	Cotton	1.112		1446					
MATCH MATCH MITE SAME TO SAME PRINTING CHITY OR COUNTY OF DEATH White White												

23c. NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT. H

230. BURIAL, CREMATION, REMOVAL SPECIFY)

DUTIA1

Sept.19,1986 Rest Haven

PRECTOR MINNICH FUNERAL HOME

Wilson Blvd., Hagerstown, Md. 21740

23b. DATE

AATORY 23d LOCATION CITY OF TOWN Hagerstown, Wash., Mary land 25o. DAM REGD BY REGISTER 25b REGISTER AND LOCATION LIVER TO STATE OF THE PROPERTY OF THE PROPER

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) 1:00 Alice DEATH MATED Germaine SHANK PM DATE LAST BIRTHDAY) PRONOUNCED 12 , 86 April 10,1945 DEAD white female 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED & NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED Washington O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS Route 1, Independence Road Clear Spring housewife UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21722 | 13d. INSIDE (ITY LIMITS? | 13e. STREET ADDRESS | Route 1, Box 259 Independence 13c CITY OR TOWN 136 COUNTY Clear Spring Washington Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alice B. Theodore Harley Mary Worner 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-43-3621 Mr. Dean E. Shank, Clear Spring, MD. 21722 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: E-953 - HANGING MOMENTS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 190 DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME IL LOCATION AT WORK D NOT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN 22a I certify that I took charge of the remains described above, held an Autopsy Suicide X DATE SEPT. 15, 1986 DEPUTY 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, 111, M.D. ADDRESS HAGERSTOWN, MARYLAND 21740 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY cremation Sept.13,1986 Smithsburg Crematory Smithsburg, Wash., Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 74. FUNERAL DIRECTOR MINNICH FUNERAL HOME **DHMH-17** (VR A15 ME (5)) 415 East Wilson Blvd., Hagerstown, Maryland 15M 7/76

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23d COCATION

STATE

IF UNDER 24 HRS.

(SPECIFY CITY OR TOWN Hagerstown Rose Hill Gem. BP 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 md,21783 (VRA 15, 4)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL

E SVCJAZO-REL

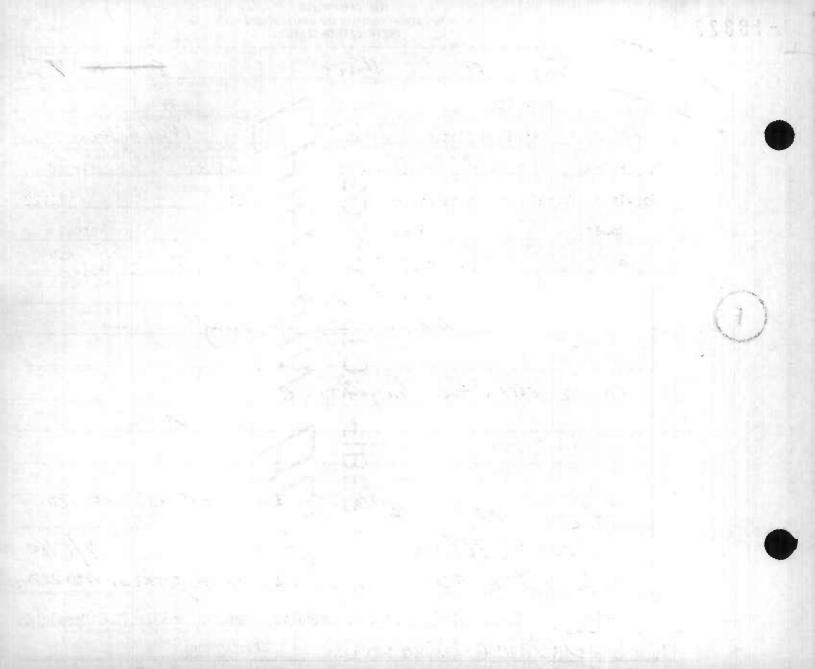
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4 9 6	-	la Te	White	Augus	t 19, 1915	71	YRS.
# 10/24		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
with with		lary land Ity or town of death	United State 11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, G	NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR ORKING LIFE INDUSTRY
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TALOR a the hor tal DisEd dertoched dertoched		226. SIGNATURE	enous			DIRECTOR PHYSICIAN	221. DATE SIGNED 9/15/86
O HOSPI normed b O FUNE hould be with the SI		22d PHYSICIAN'S NAME (TYPE OF	Dix M	>	1610 Ockh	1 De Hages	Jan MD 21740
BP	_	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			rs Catholic	Hancock, WAS	HINGTON, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNIFICAL DIRECTOR	7 1	ADDRESS ANCER K		SEP 2.2. 1986	REGISTRAR'S SIGNATURE



IMPORTANT, If from 21 is morked

DHMH - 16 60W 7/84 (VKA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

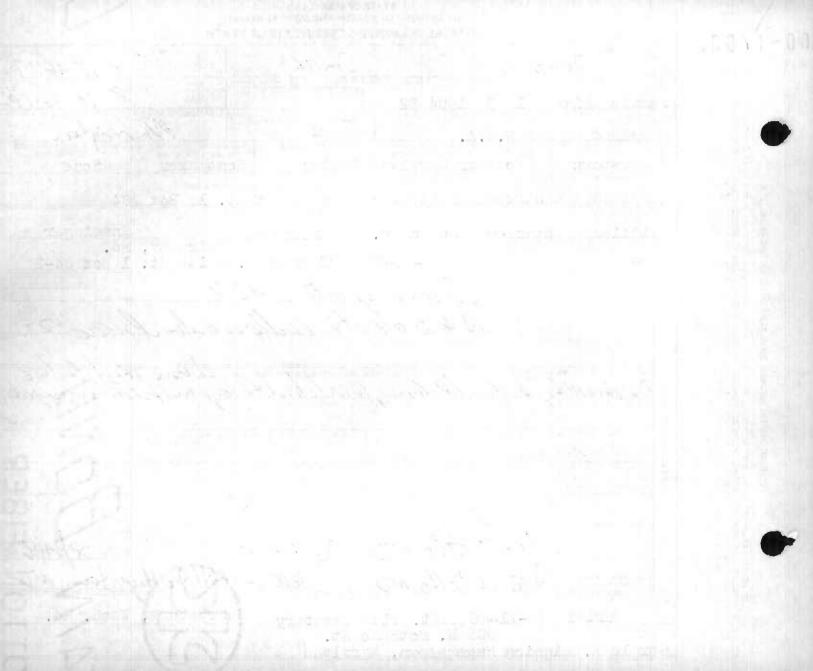
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21.	FOR - STATE REGISTRAR			HEALTH AND MENTAL HYG	REG. NO	6.4	, 4	
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	IRTHPLACE (STATE OR FOREIGN COUNTRY) W. VA.	76. CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOWI	D NEVER MARRIED DED DIVORCED	* BALTIMORE CITY OF		DEATH	MD.
HA	GERS TOWN	CLEARVIEW	NUBSING HOME	INC.	12a USUAL OCCUPATION OF WORK FOR MOST OF OFFICER	WORKING LIFE) IN	kind of Budustry Ba	isiness or ank
Un.	STATE BEACOL	OR OTHER INSTITUTION GIVE RE JINTY 130 C EKELY M/	ESIDENCE BEFORE ADMISSIONI CITY OR TOWN ARTINS BURG	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / 203 W. Bu	ZIP CODE	99	999
R	ATHER'S NAME FIRST USSE!! WAS DECEASED EVER IN U.S. A	~	PEROW SOCIAL SECURITY NO.	15 MOTHER'S MAIDEN NAI NETTIE 17 INFORMANT	ME MIDDLE		Swimley	7
	YES NO OR UNKNOWN! [IF YES C	GIVE WAR OR DATES)	4-24-4280	E. Ruth Butt				
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7.0	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)	
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	220 I certify that (I) (this has saw the deceased alive o obove, (I) (wa) (did)	8/2	4/19 86	nd that in (my) (aux) apinian	death occurred an the da	te and hour and		(1) (we) last ses stated
	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	my Haar	10	ATTENDING PHYSICIAN 1	MEDICAL STAF	F	STLG	/FT
	Dr. Edward B	. Moody		Hager	stown, Md.			
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8/29/86	Rosedal	Le Cemetery	23d LOCATION CITY OF TOWN Martinsb	ung Be	erkeley	STATE WV
E	Brown Funeral H	Super POBox	ADDRESS 327 W. 821 Martins	King St 250 DAT	E REC'D BY REGISTRAR	ISB REGISTRAR'S	SIGNATURE	

10070	1 - :	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	27017
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oy the fu		ortown of DEAT		(IF NOT IN SUC	HOSPITAL, NURSING THEACHITY, GIVE STREET A STON Coun	DDRESS)	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN clerk	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY railroad
24 hours	13a. ST	RESIDENCE (IF NURSIN ATE	GHOME OR OTH 36. COUNTY Washir		GIVE RESIDENCE BEFORE	4	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C 909 Armstr	
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ORE, xecuth and co		AS DECEASED EVER IN	U.S. ARMEL		16b. SOCIAL SECUE		17. INFORMANT	ADDRESS	
be e e rs. Po	n	10			214-09-7	200	David P. Tir	sley, Hagersto	wn, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VIT	MEDICAL	WHILE NOT WHILE		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spirtal or ICTOR: Af for use of d for use of t. of Healt		sow the decease, above, (1)						death occurred on the date and	hour and from the causes stated
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	LS	JRIAL, CREMATION, R		236. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	-	urial NERAL DIRECTOR			ERAL HOME	st Ha		TE REC'D. BY REGISTRAR 256. RE	
DHMH - 16 60M 7/84 (VRA 15, 4)		E. Wilson			ADDRESS	Md. 2			- nuiciber- fighter

1	1		STATE OF MARYLAN		25 49 CA 1 CA
\$	FOR	DEPART	MENT OF HEALTH AND M	ENTAL HYGIENS	2/010
00 17000	- STATE REGISTRAR	MEDICAL	EXAMINER'S CERTIFIC	CATE OF DEATH	BEC NO
UU-1/699	1. DECEASED NAME FIRST	MIDDLE	LAST		REG. NO.
			C . V	OF OF	ESTI-
NECESSARY, PLEASE "UNERAL DIRECTOR." FOR YOUR FILES. WILLIN 72 HOURS PRESTON STREET,	Tose	Ohlore	Jm. 12	DEATH	MATED 0 8 18 19 16 1 45 M
PLEASE ECTOR FILES HOURS	3 SEX 4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c. DATE	
ST S		MONTH DAY YEAR	LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PRONOUN	ICED OF 10 01 40
9,200,8	Female White	11 3 1904	82 YRS.	DEAD	8 18 1986 1 PM
SZ Z Z Z Z	To BIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COU	NTRY?	VER MARRIED 9. BALTIM	ORE CITY OR COUNTY OF DEATH
AY IS NECESSARY, I THE FUNEAL DIRE ACE FOR YOUR FILED WITHIN 72 H 20 M PRESTON S	FOREIGN COUNTRY)				Mirchard
ZE	Maryland	U.S.A.	WIDOWED X	DIVORCED L	INSINATOR MD.
A SHE P	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME, OR OTHER INSTITU	FOR MOST OF WOR	PATION (TYPE OF WORK 1) KIND OF BUSINESS OR INDUSTRY
SEEE!	Hagerstown		ryland Center	Homemal	
ANN AND BE	USUAL RESIDENCE (IF IN NURSING HOM			Tromema	ker Home
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o "mode	14. FATHER'S NAME	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ER'S MAIDEN NAME	104 204
1 百日至日日 //	FIRST	MIDDLE	LAST	FIRST	IDDLE LAST
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W Hades	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SO	CIAL SECURITY NO. 17. INFOR	MANT Fair	olays Md.
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BALTIM JES ATER 8. GIVE PA WITH FOI DIVISION				rman L. Smitl	
7 88 8 F.0	18 CAUSE OF DEATH (Enter of	inly ane cause per line for (a), (b), gfd (c).)	- 110-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BIVISION OF VITAL RECORDS, 201 W. PRESTON S S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HORITING THE WORD "PENDING" IN PENCIL IN ITEM RDED TO THE CHIEF MEDICAL EXAMINER ALON SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER E DEPARTMENT OF HEALTH AND MENTAL HYGIENE OI PROSE TO BURIAL, CREMATION, OR REMOVA		IS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR CONDITIO	IN GOVEN IN PART LO	the strol tollare
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45 E S S E S S E S S E S S E S S E S S E S S E S S E S S E	22a. I certify that I taak cha	rge af the remains described ab	ave, held an Autapsy .	Inspection . Inquiry	, and in my apinian
EXAMINER: CERTIFICATION BE FOR DIRECTOR: WITH THE INVESTIGATION	death resulted fram: Na	ural causes Acadent	, Suicide , Hamie	cide Undetermined mo	
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SANTE CERT	ACTUAL	100/11/04	TITLE (S	SPECIFY -	alialse
ZESZE,	SIGNATURE	ecu com	M.D. DA	MEDICAL EXAM	AINER SIGNED
NOR SELECTION		11/ 17		11. 011/11	1 1 1
#3% E & F	EXAMINER'S NAME (TYPE OR PRINT)	+110m (2 1)-X1	ADDRESS	610 02144111	he Herpictous MD
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMED FARE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBLE BATTIMORE, TWANTALHYGIBLE DIRECTOR TO SHOULD BE USED AS A BURIAL-TRANSIT PERMED FAIR DEATH AND MENTAL HYGIBLE DEPARTMENT OF HEALTH AND MENTAL HYGIBLE DEPARTMENT OF HEALTH AND MENTAL HYGIBLE DEPARTMENT OF MEMOVALENT OF	230 BURIAL, CREMATION, REMOVAL	DATE TO THE TOTAL PROPERTY OF THE PARTY OF T		201 100 11	
	(SPECIFY)	23c DAIL 23c	NAME OF CEMETERY OR CREMATO	Sharps	COUNTY STATE
BP	Burial	8-21-86 M	t. View Cemete	Sharps	burg. Wash. Md.
	24 FUNERAL DIRECTOR		Potomac St.	250 DATE REC'D. BY REGISTRA	R J25b. REGISTRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	NAME			10627,1986 94	ALL DOUNGOON-FREE
(VK A15 ME (5)) 20M 4/82	Gerald N. Min	nich Hagerst	own, Maryland	. ()	



- STATE

IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Home 13e STREET ADDRESS / ZIP CODE 48 E. Salisbury St. 21795 Smith 141 N.APESzan St. Mauice Snyder Williamsport, MD 21795 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH weeks. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Sep. 5, 1986 Greenlawn Memorial Pk, WilliamsportWashingtonMaryland BP Burial 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 who divident fordalle Major M. Osborne Williamsport, MD 21795 (VRA 15, 4)

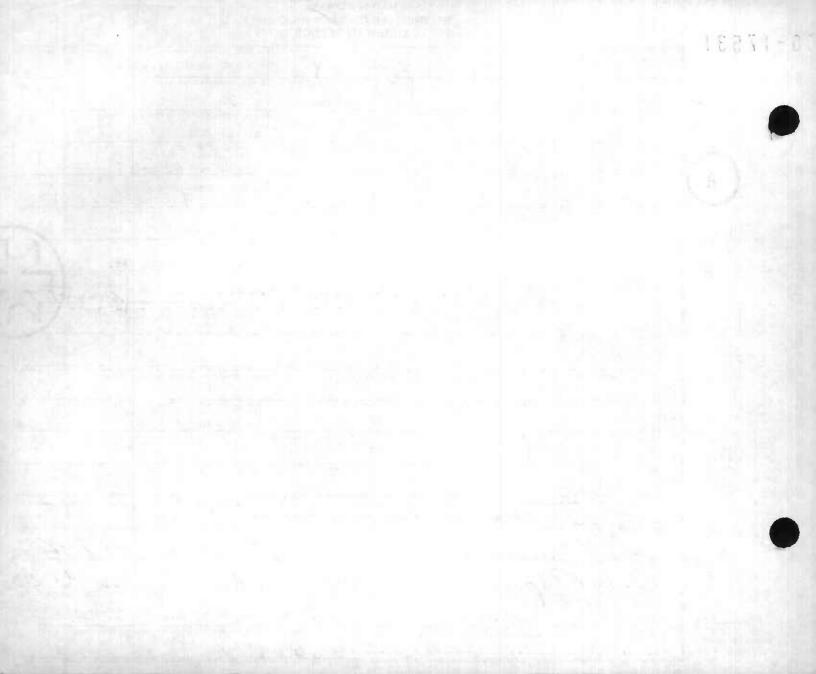
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN 00 DEATH MATED 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE YEAD LAST BIRTHDAY) PRONOUNCED Male White Apr. 28, 1941 DEAD 45 Ta. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY DIVORCED Illinois WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Hagerstown Washington County Hospital Mechanic, Etc Small Eng SUAL RESIDENCE HE IN HURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 136. COUNTY 138. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Harford Aberdeen 401 S. Parke Street, 21001 YES X NO [A. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Vesta1 Stidman Annie Stidman WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) Yes 351-32-7530 Margaret Stidman, Same As Above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTING THE CHIEF AROED TO THE CHIEF AGE 3 SHOULD BE USE! ATE DEPARTMENT OF 1 YES [] NO W 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE I Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 23d. LOCATION Burial 9/22/86 Harford Mem, Gdns Aberdeen, Harford, Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS ESTI-Hu(3/1986 DEATH MATED Claude Storms Vernon IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTH PRONOUNCED DEAD 1893 Male White BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED + Maryland DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK AND 3 TO THE FAND PAGE AND BE FILED CORDS, 201 V Master Mechanic Hagerstown Washington County Hospital Machinery 113h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington Hagerstown 29 Randolph Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE E. Stultz John Storms Laura 17. INFORMANT Hagerstown, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST Rudisill 301 Allen Ave. 219-20-2024 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) CAL EXAMINER ALONG BURIAL-TRANSIT PERMI 1 AND MENTAL HYGIENE, MATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 7-Ox Che Du DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF 1 Fund cause (o) stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 7-acture YES NO S THEC ARTMENT COR TO BUT 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE WARRED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD TO FUNERAL DIRECTOR, PAGE 3 SHOULD THE STATE, DEATH, WITH SHE STATE DEPARTMEN BALLMORE, MARTEMEN STAP PRIOR TO REALLMORE, MARTEMEN STAP HOUR A.M. MONTH DAY UNDERLYING OR tell at House P.M. July 1419 86 CONTRIBUTING CAUSE OF DEATH TIL LOCATION THE PLACE OF INJURY AT WORK AT WHILE House 22a I certify that I took charge of the remains described above, held an Autopsy Natural couses Accident Suicide Hamicide __ Undetermined manner death resulted from ACTUAL w. Washing tou Md. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 9-3-86 Cemetery Burial Hagerstown 24 FUNERAL DIRECTOR 305 N. Potomac St. **DHMH - 17** (VR A15 ME (5) Minnich Hagerstown, Marvland 20M 4/82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME TYPE OF PRINCIP & AGE (IN YEARS LAST BIRTHDAY) 3:5EX 5. DATE OF BIRTH MONTH 60 White March 13, 1926 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED X U.S.A. Maryland Washington DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hagerstown Western Maryland Center Clothing Factory Cutter SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3c STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 19 East Franklin Street Washington Hagerstown Maryland YES X 1 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Secord Lloyd Stouffer Evelyn ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Joseph Stouffer P.O. Box 166, Hagerstown, Maryland WWII 220-18-1005 Yes 18 CAUSE OF DEATH (Enter only one couse per line for 1906), and ic PART I. DEATH WAS CAUSED BY: neunania. Conditions, if ony, which gove rise to immediate m couse (o), stoting the underlying couse CERTIFICATION 96 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF LOWN COUNTY 101A25 AT HOME STREET, FACTORY, OFFICE, FARM ETC } WHILE NOT WHILE 220.1 certify that (X (this haspital) ottended the deceased from, sow the deceased alive on_ and that in (my) took opinion death occurred on the date and hour and the course above, (1) (see) (did) (did) yat view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Egrene As Ha 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23¢. BURIAL, CREMATION, REMOVAL

August 30, 1986 Smithsburg Crematory

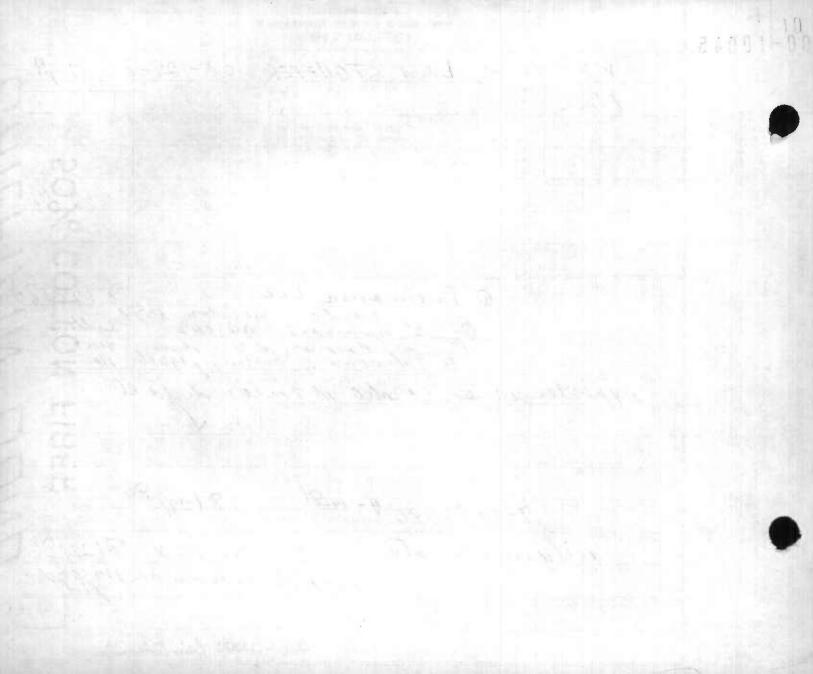
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Cremation

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, Maryland 21740 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Washington Maryland

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6
OR ATTENDING PRYSICIAN. The low-requires that the death certilicate be executed within 24 hours after death. Page 4 miss e touphol as attending physician.	South Page 4 ms
DRECTOR After this certificate has been lighted by the attending physician and completely filled in to the tuneral director, po	mend director, p

FOR .

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH	

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RYL orth	14. Fz	ATHER'S NAME	MIDDLE	1637	10	15 MOTHER'S MAIDEN NAM	MIDDLE		1467
MA be de		Clarence	Edward	Wilson		Gertrude	MIDDLE		Chaney
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t e b e b e b		226 SIGNATURE	7/	11.6	1	DEGREE		17	22 DATE SIGNED
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	24 FI			ERAL HOME			TO DE BY REGISTRA	25b. REGISTRAR'S	SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	41	5 E. Wilson Blv			Mary1		LL LO K		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN T MONTH (TYPE OR PRINT) E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS TRUMPOWER DEATH MATED ERNEST ALLEN SEPT. 10 10 86 4. RACE 6. AGE (IN YEARS 3 SEX 5 DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE PRONOUNCED SEPTEMBER 11,086 DEAD Male White 10 63 TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. Maryland WIDOWED -DIVORCED X WASHINGTON FILED, ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Washington Cty Hosp ----- Painter Sheetmetal SHOULD BE F Hagerstown SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI a STATE T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS 12 S. Walnut St. 21740 Md. Washington Hagerstown NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clyde Oliver Edith Virginia Trumpower Hose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT I HE YES, GIVE WAR OR DATES) Ms. Betty Keifer Hagerstown, Md. Yes WWII 213-16-1616 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVA BURIAL - TRANSIT ERM AND MENTAL HYGERE ATION, OR REMOVAL PART I DEATH WAS CAUSED BY #427 - CARDIAG ARREST DUE TO #402 - HYPERTENSIVE IMMED. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which CARDIOVASCULAR DISEASE gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A EOF HEALTH CERTIFICATION **EMPHYSEMA** 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AGE 4 SHOULD BE FORWARDED TO THE COUNTY BE TO FUND BE THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF STATE DEPARTMENT OF THE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY X 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Notural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL DATE SEPT. 12, 1986 DEPUTY SIGNATURE MEDICAL EXAMINER WEST WASHINGTON STREET EDWARD W. DITTO, III. M.D. HAGERSTOWN, MARYLAND 21740 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 9-12-86 Removal 07/B4 250 DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Balto., Md. Anatomy Board (VR A15 ME (5)) Dividgon Po

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STATE OF MARYLAND

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	1.	STATE REGISTRAR ROBERT		YCERTIFICATE OF DEATH	REG. NO.	6. 7 0 0 0
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100	_	ryland Wash	nington Hagers	TOWN YES NO 1		ton Blvd. 21740
XXI		William	F. Weagley	Ida	Martha	Kinsel
11		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS	272 S. Potomac
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MARYLAND	100		THER'S NAME FIRST Omer	MIDDLE	Weagle		IS MOTHER'S MAIDE	RCO	WIDDLE		ke n	dall
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N. RECOR he low red on. hos been t permit. T	ui kuo Smo	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a YES	AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDINGS	S USED DEATH?
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		DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR PILES. DIRELIED, WITHIN 72 HOURS ROS 20 W. PRESTON STREET,)/	1				(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MI						FOR MOST OF	WORKING LIFE)		OR INDUST	OR INDUSTRY
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		MANRER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HORIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCHOR. PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMITHEN THE STATE DEBARTMENT OF HEALTH AND MENTAL HYGIENI	3		22a Certify that I took charge of the remains described above, held on Autopsy 🗷 Inspection . Inquiry . ond in my apinion													
		A CHARLE	\$		death result	ed from:	Natural cau	ses .	Accident	K .	Suicide	, Hamic	ide .	Undetermine	d manner].		
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